(VRA 15, 4)

STATE OF MARYLAND

dinguing Andrew Andrew Andrews Andrews Andrews Andrews A. Ad Agent . 22 . 225 | e 222 | 66 | 1 . no signature and the control of th e of the state of Latine of Latine of Latine of the branch Signature Diames of the State o L'INTERES XVEILETTE B B N WAS 13 BI WALL . All and the second of the board of the Tarkel Jan. 19, 1985 Mr. Wilvet Jen. Frederick: Ted. Mi. The later . in , consider t seem fraction to a great the

Middletown. Md.

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

**CERTIFICATE OF DEATH** 

REG. NO

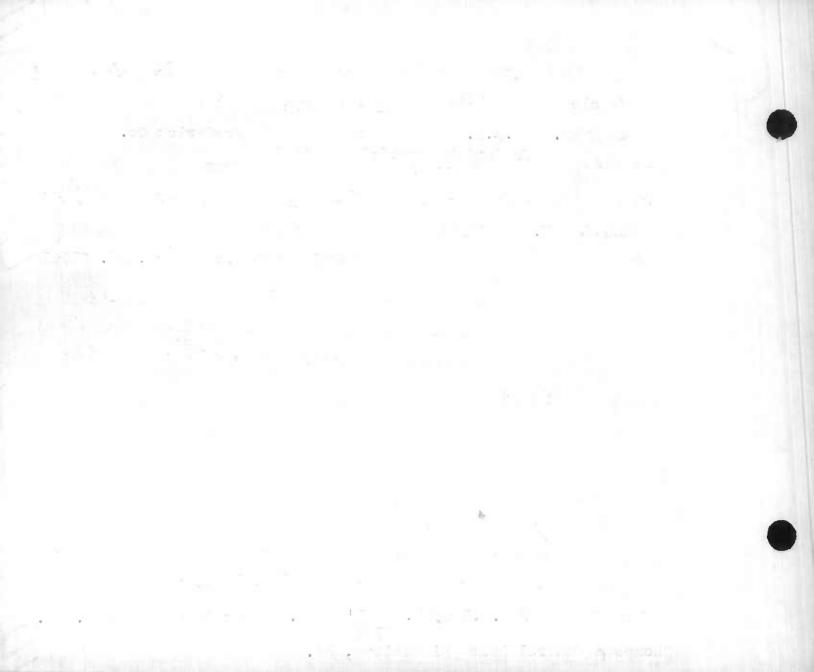
FOR

REGISTRAR

Thompson Funeral Home

(VRA 15, 4)

- STATE



106 East Church Street Frederick, Md. 2170114

FOR

- STATE

DHMH - 16 50M 4/83

(VRA 15, 4)

REGISTRAR

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

2b. HOUR

8:30 P

IF UNDER 24 HRS

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र्ड	1.	FOR STATE REGISTRAR	DEPARTM		ALTH AND MENTAL HYG CATE OF DEATH	IENE TO THE REG. NO.	O 1	7 0 7
		CEASED NAME FIRST ANTOINE	the Gruve	BRO	osius	2a DATE OF DEATH	1-12:	85 425 PA
	3 SE	× Female	4 RACE W.	S. DATE OF	2, 1909	6 AGE (IN YEARS LAST BIRTI	MONTH	DER 1 YEAR IF UNDER 24 HRS S DAYS HOURS MIN.
36		RTHPLACE (STATE OR FOREIGN COUNTRY) LTyland	76 CITIZEN OF WHAT COUNTRY? U.S.A.	8 MARRIED WIDOWED	NEVER MARRIED DIVORCED	P BALTIMORE CITY OF Freder	county of D	
64	F	TY OR TOWN OF DEATH 'rederick	11. NAME OF HOSPITAL, NURSIN (IF NOT IN SUCH FACILITY, GIVESTREET, Hrederick Memo	orial I	Hospital	120 USUAL OCCUPATION OF WORK FOR MOST OF Homemake	WORKING LIFE! IN	KIND OF BUSINESS OR DUSTRY Home
136	13a S	STATE 136 COU	ROTHER INSTITUTION GIVE RESIDENCE BEFORE NTY 13c. CITY OR TOW Ederick Frederi	N I	136. INSIDE CITY LIMITS?	13 STREET ADDRESS / 21007 Bucke	zip code eystown	Pike 21701
\$00	14 F/	ATHER'S NAME FIRST Charles	MIDDLE T. Brosius	5	15 MOTHER'S MAIDEN NA/ Genevi	Leve		'^Darby
medical		VAS DECEASED EVER IN U.S. AI YES NO ORUNKNOWN) (18-YES GI	VE WAR OR DATES)		Virigina  **Tredercile**	B. Thomas Md. 21701	1,007 Bu	ckeystown Pl
ar ather traumatic event, t		Canditions, if any, which gave rise to immediate cause (a), stating the underlying cause last.	DUE TO, OR AS A CONSEQUE    b)   DUE TO, OR AS A CONSEQUE	PLY SENCE OF	Asala De	aild.		APPROXIMATE INTERVAL BETWEEN OMSET AND DEATH
'Ainlui Auo smo	CERTIFICATION	PART 2 OTHER SIGNIFICANT	CONDITIONS CONTRIBUTING TO D			200 AUTOPSY?  YES NOA	20b. IF YES, WEI	RE FINDINGS USED CAUSES OF DEATH?
Item 18 sh	EDICAL CER	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE	ATH HOUR A.M. MONTH DA	YEAR 19	21c HOW INJURY OCCURE	RED (ENTER NATURE OF INJUR	Y IN ITEM 18 PART I C	OR PART 2)
orked or	MEDI	21d INJURY OCCURRED  WHILE NOT WHILE AT WORK	THE PLACE OF INJURY		THE LOCATION	CITY OR TOV	NN C	OUNTY STATE
f Hem 21 is m			atul attended the discussed from	0	EGREE  ATTENDING	death accurred on the da		from the causes stated

Saint Joseph Cemetery Buckeystown, Frederick, Md.

DHMH - 16 60M 7/84 (VRA 15, 4) 230 BURIAL, CREMATION, REMOVAL

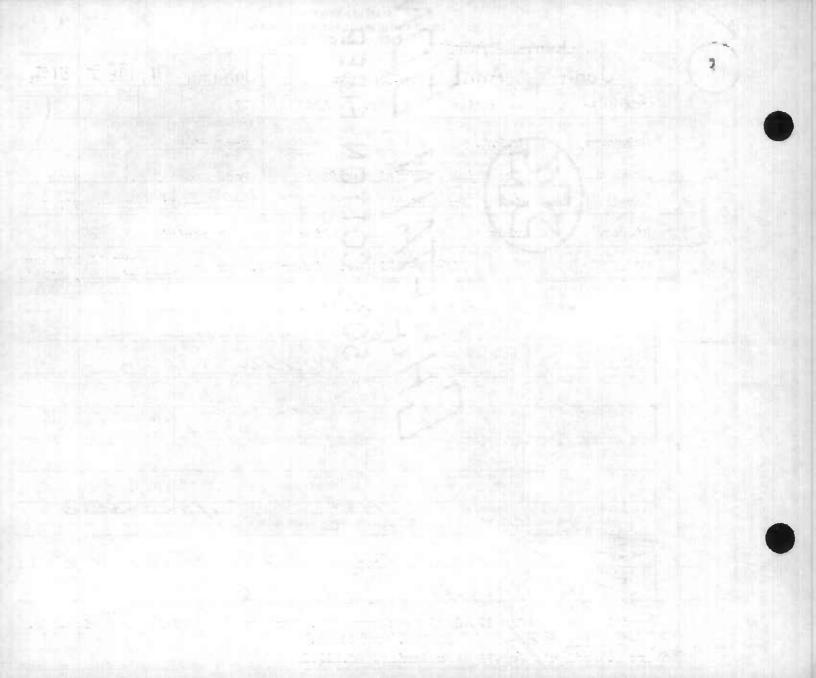
Jan. 15, 1985

100 Bast Church St., Frederick, Md. 2170 Pare Construction of the St.

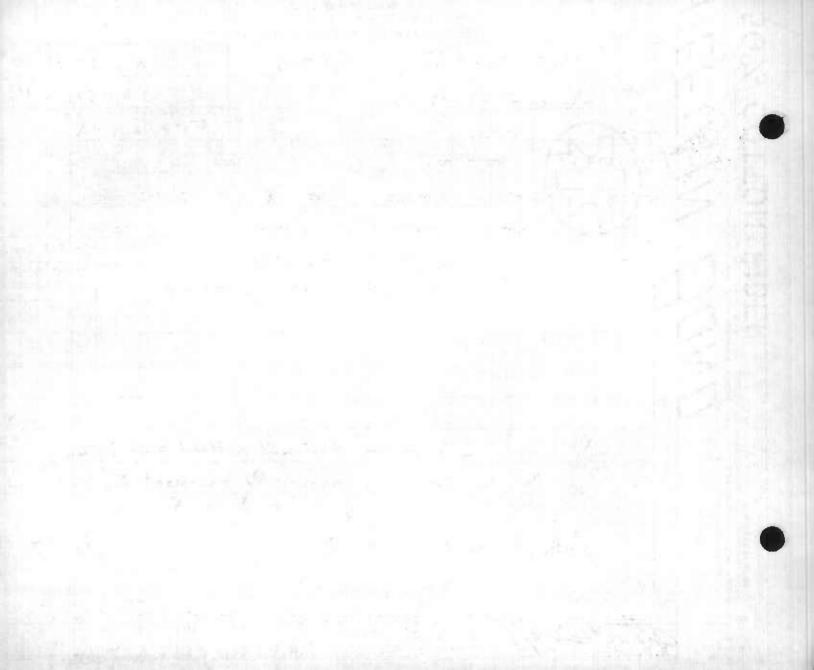
TO FUNERAL DIRECTOR. After this certificate has been

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	1 -	FOR STATE	DEF	PARTMENT OF	E OF MARYLAND EALTH AND MENTAL HY	GIENE 8 5	0 1	9 4 0
1		REGISTRAR	an Ann	CERTII	ICATE OF DEATH	REG. N	0.	
		CEASED NAME FIRST	MIDDLE	0	LAST	20. DATE OF DEATH	MONTH DAY YEA	
1		Joan	Ann		rnes	January	14, 1985	5 815a
13	SEX	Female	4 RACE		DF BIRTH	6. AGE (IN YEARS LAST BIR		FEAR IF UNDER 24 H
11			Caucasian	7.5	. 3, <sup>DA</sup> 1956 <sup>TEAR</sup>	28	YRS.	
10	a BIF	RTHPLACE (STATE OR FOREIGN OUNTRY)	76 CITIZEN OF WHAT COUN	NTRY? 8 MARRIE	D NEVER MARRIED K	9 BALTIMORE CITY C	OR COUNTY OF DEAT	Н
	0 61	Delaware	U.S.A.	WIDOW				
4	U CI	TY OR TOWN OF DEATH	11. NAME OF HOSPITAL, N (IF NOT IN SUCH FACILITY, GIVE	STREET ADDRESS)		120 USUAL OCCUPATI		ID OF BUSINESS
4	ISLLA	Frederick	Frederick M	emorial	<i>Hospital</i>	Food Stor	e Emp.	None
2 1	30 S	Maryland Fre	ounty Bederick Fred		136 INSIDE CITY LIMITS?	13e STREET ADDRESS A	ZIP CODE 11 Parkway	21701
11	1 FA	THER'S NAME	AMIDDLE T	57	15. MOTHER'S MAIDEN N		F	TAST
//		Richard	Cĥarles Bŷ	rnes	Alice	P atri		owe
/ 16	60 ₩ (Y	(AS DECEASED EVER IN U.S. END OR UNKNOWN) (IF YES.	CIVE WAR OR DATES	70-0171	Mr. Richard	C. Byrnes	238 Carrol Frederick,	l Parkwa
7	CERTIFICATION	Conditions, if ony, which gove rise to immediate couse IoI, stating the underlying cause last  PART 2 OTHER SIGNIFICAN  190 DATE OF OPERATION	DUE TO, OR AS A CONSTITUTION TO CONDITIONS CONTRIBUTIONS	SEQUENCE OF	blooda	MINAL DISEASE OR CON	6-019	NDINGS USED
X i	RT					YES NO	YES 🗍	NO 🗆
	MEDICAL CE	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF	DEATH HOUR A.M. MONTH	H DAY YEAR	21¢ HOW INJURY OCCUI	RRED (ENTER NATURE OF INJUI	RY IN ITEM 18 PART 1 OR PART	7)
	MED	VHILE NOT WHILE AT WORK	21e PLACE OF INJURY	OFFICE FARM ETC )	211. LOCATION STREET	CITY OR TO	WN COUNTY	STAT
		saw the deceased and a abaye. (Diwe) land thid	spital) attended the deceased from the deceased from the deceased from the bady after death.	19.55 , al	9 5 2 , 19 nd that in my (aur) apinion	to to	19 5.5 ate and hour and fram	, tlath (we)
1		22d. PHYSIC DAY'S NAME ITY	2 Lunb	М.	D. ATTENDING PHYSICIAN	MEDICAL STAF	F	ATE SIGNED
		V 61	Thoros do		4 we	st 52	eru Ci	2.
23	30 BI	URIAL, CREMATION, REMOV			EMETERY OR CREMATORY	CITY OF TOWAY	COUNTY	STATE
		Burial	Jan 17, 1985	Restha	ven Mem. Gard	dens Freder.	ick, Freder	rick. Md
-		NERAL DIRECTOR			rket St. 250 DA	TE REC'D. BY REGISTRAR		



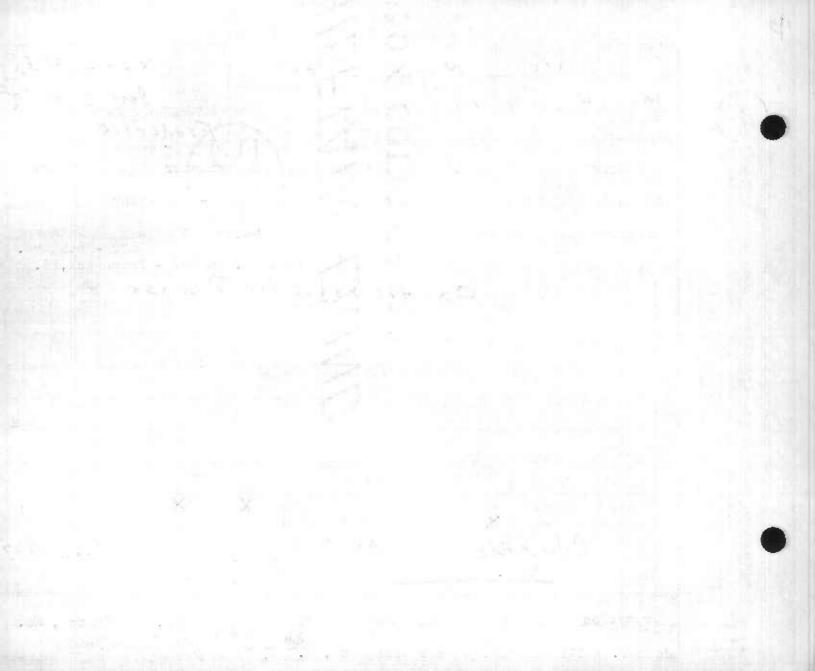
7 - 1.	FOR STATE		STATE DEPARTMENT OF HE	OF MARYLAND ALTH AND MEN	TAL HYGIEN	5	0 1	9 4	1
The state of the s	REGISTRAR	MEI	DICAL EXAMINE	R'S CERTIFICA	TE OF DEA	TH REC	6. NO.		
	ECEASED NAME FIR	MICHAEL /	ALLAN	COMPTON;		OF ESTI- DEATH MATED		271985	10
I SE	4. RACE	5. DATE OF BIRTH			INDER 24 HRS. 2	RONOUNCED DEAD	J an	27 19 85	2d HOUR
炭 大 A B	BIRTHPLACE (STATE OR OREIGN COUNTRY)  aruland	U.S.A.		MARRIED NEVER	MARRIED V	BALTIMORECI	TYORCOUN	TY OF DEATH	AAD
	hurmon't	11. NAME OF HOS	PITAL, NURSING HOME, C CILITY, GIVE STREET ADDRESS) Road	OR OTHER INSTITUTION		AL OCCUPATION OST OF WORKING LIFE 10		12b. KIND OF BU OR INDUSTI None	SINESS
13a S		HOME OR OTHER INSTITUTION, GR COUNTY rederick	residence before admission) 13c. CITY OR TOWN  Thurmont	13d. INSIDE CITY L	MIJS?   13a. STRE	ET ADDRESS	ial Ave	nue 217	'88
_	FATHER'S NAME FIRST Stanley	MODILE Monroe	LAST Compton	FIRST	maiden Name	MIDDLE	Warn	LAST	
	WAS DECEASED EVER IN U		16b. SOCIAL SECURITY N 219-66-325	IO. 17 INFORMAN	IT	Comptor	RESS 6903	Colonial	. Ave.
	18 CAUSE OF DEATH (Ent PART I DEATH WAS CA	ter only one couse per line		Waldn	s of 1	Lead	<sup>1</sup> Thurm	APPROXIMATE BETWEEN ONSE	21788
REMOVAL	Conditions, if ony, v		AS A CONSEQUENCE OF	V 041/1	10				
N S	gave rise to imme cause (a) stating the u	diote (b)	AS A CONSEQUENCE OF						12.2
CREMATION	PART 2 OTNER SIGNIFICANT COND	ITIONS CONTRIBUTING TO OFATH	BUT NOT RELATEO TO THE TERMINA	L DISEASE OR CONDITION GIV	EN IN PART T : a				
CERTIFICATION	19a. DATE OF OPERATION	196 CONDIT	ION FOR WHICH OPERAT	ION WAS PERFORMED	)?			20 AUTOPSY	NO T
ALCERT	210 EXTERNAL CAUSE WA	HOUR A.M	MONTH DAY YEAR	2Te HOW INJURY OC	CURRED (ENTERN	ATURE OF INJURY IN ITE	EM 18 PART 1 OR PA	ART 2)	NO La
MEDICAL CERTIFICATION	21d. INJURY OCCURRED  WHILE AT WORK  AT WORK	21e PLACE C		ZIF LOCATION STREET	rRX 7	CITY OR TOWN	+ F	DUNTY CK	STATE,
~ '	22a I certify that I took	charge of the remains des	cribed above, held an		spection X.	Inquiry X,	and in my of	pinion	
MARYL	ACTUAL ON	Natural causes		Hamicide	IFY)	rmined manner	, DATE	2 7	7-0
5 ± .	SIGNATURE	m / J. I Ja		M.D Depu	TY MEDI	11 House	SIGNI	ED fran +	/ 0
NORE NO.	EXAMINER'S NAME								
- Q 03 1238, E	EXAMINER'S NAME (TYPE OR PRINT) BURIAL, CREMATION, REMOVED	Robert J. Th		ADDRESS TERY OR CREMATORY	123d. LOC	ick. Md.	21701	NTY ST	TATE
	(TYPE OR PRINT) BURIAL, CREMATION, REMOVE	7AL 236 DATE 1-30-198	23c. NAME OF CEME	TERY OR CREMATORY	lens Fre	ick, Md.	21701 Freder	cick,Md.	TATE



22	2)	11- 5	OR		MI	DEPARTMENT O	HEALT		45	0	9 4	2
1	P		EASED NAME	FIRST	7410	WIDDLE EXAMI	IAEK 3	LAST		REG. NO.	NTH DAY YEAR	26. HOUR
		(TYPE	OR PRINT)						OF	ESIL		26. HOOK
	2000 E				llie	Monroe	CONNE				-26-8519	7d HOUR
	到250	3. SEX		4. RACE	S. DATE OF BIRTH	YEAR LAST BIRT	HDAY) MON	NDER 1 YR. IF UNDE	MIN PRONOUI	NCED		
	50000		ale	White	May 27,		YRS.		DE AL		-26-8519	5:15A
	SAN EIG		REIGN COUNTRY	ATE OR	7h. CITIZEN OF V	HAT COUNTRY?	8 MARE	RIED NEVER MARI	RIED	AORE CITY OR CO		
	BASSA	Ma	aryland	1	USA			WED A DIVOR		erick Cou		MD.
	おおお田	10 CIT	Y OR TOWN	OF DEATH	11. NAME OF HO	SPITAL, NURSING HO	ME, OR OT	HER INSTITUTION	120 USUAL OCCU		ORK 126 KIND OF B	USINESS TRY
	A DO HOLL	F:	rederic	ek		ick Memoria		spital	Firema		Railro	ad
-	DES S	USUA 130. ST	L RESIDENCE (	IF IN NURSING HOME	OR OTHER INSTITUTION,	IN CITY OR TOWN	SSION)	134 INSIDE CITY LIMITS?	13e STREET ADDR		2171	10
2120	A SECOND		ryland		derick	Brunswi		YES NO		t "E" St	treet	4
9	TOP NA NA		THER'S NAME		MIDDLE			15. MOTHER'S MAIL	EN NAME	MIDDLE	LAST	
4	RA PM 3		Will:	iam	Edward	Conne	20	Flore		rtle	Coffma	n
C C	FORM ON		AS DECEASED	EVER IN U.S. AF	RMED FORCES?	166. SOCIAL SECUR		17 INFORMANT	nce ny	ADDRESS 50	04 Delval	o Arro
T SE	AFTER INE PA H FOR AGES 1 ISION (	(YE	NO. OR UNKNO	WN) (IF YES, GIV	E WAR OR DATES)	705-10-2	813	Douglas	M. Conner	- Dunda	alk Md 21	222
-	URS AFTER 8. GIVE PA WITH FOR IT. PAGES 1 DIVISION			F DEATH (Enter o	nly one cause per lin	ne for (a), (b), and (c).)		IDOUGIAS.	oomic.	2001	APPROXIMA	TE INTERVAL
5	24 HOUR ITEM 18. LONG W PERMIT. GIENE, D	33.0	PART I DE	ATH WAS CAUSE	CD BV	moke and so	ot in	halation :	nd carbon	monovide		ET AND DEATH
Š	V 24 HO N ITEM 1 ALONG IT PERM YGIENE	7	290	2 IMMEDIA		XXXXXXXXXXXXX		indiación t	uid Car bon	- IIIOHOX TUE		
	EWC ENCE	/		s, if ony, which								
2	MAIN AND AND AND AND AND AND AND AND AND AN			e to immediate stating the under		ntoxication						
5	UTED WITH IN PENCIL EXAMINER I'AL - TRANS O MENTAL ON, OR REA		lying cou			N NO N CONGEGOEITE	. 0.				THE SALE	
DIVISION OF VITAL BECORD ON W PRECTON ST. RALTMANDE AND 21201	UUD BE EXECUTED WITHIN 24 HUUD BE EXECUTED WITHIN 24 HUUD BENCIL IN ITEM F. MEDICAL EXAMINER ALON ED AS A BURIAL - TRANSIT FER HEALTH AND MENTAL HYGIEN H C REMOVAL.		PART 2 OTHER SIG	SHIFICANT CONDITION	S CONTRIBUTING TO OFAT	H BUT NOT RELATED TO THE T	PMINAL DISEA	SE OP CONDITION GIVEN IN I	APT 1 (a)			
6	D BE EXECTENDING. WEDICAL AS A BUILD AND CREMATH AND C	z	THE TOTAL ST	JAN TEARY CONDITION	CONTRIBOTION TO DEXT	E GOT NOT RECEIVED TO THE T	CAMINAL DISEA	JE OR CONDITION DIVER IN I	ART [10].			
	CR CR	MEDICAL CERTIFICATION	190. DATE OF	OPERATION	19h COND	ITION FOR WHICH OF	ERATION	WAS PERFORMED?			20 AUTOPS	Υ?
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3	CERTIFICATE SETTING THE WORD TO THE CORE SET SHOULD BE EDEPARTMENT (OF 1) TO RE CORE TO REUR T	ICI	UNDERLYING	X OR	HOUR A.	1 96 05	AR	ught in ho				
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1	CERTINA F. 3 S. F. 5 S.	ME			STREET, FA	home etc.)		III West E	Strant	Danna	wick, Mar	STATE
	= > 4 2 2 2		AT WORK	AT WORK		Home				bruns	WICK, Mai	yranu
	A PERS		220 I certif	y that I took cho	rge of the remains d	escribed obove, held or	_		on X. Inquiry	and in m	ny opinion	
	NEW CAS		death resulte	ed from: Not	ural causes .	Accident X,	Suicide L	, Homicide	Undetermined m	onner .		
	AN BEER		L CTUAL	March	· M	Ulall		TITLE (SPECIFY)			1 07	0.5
	*#5*E*		ACTUAL SIGNATURE_	WUM	No Un	2711900		M.D. <u>Assista</u>	nt MEDICAL EXA	MINER SI	ATE 1-27-	-85
	NOW A S		EYAMINER'S	NAME Mana	- anita A	Vanall M D		111	Penn Stree	et.		
	TO MEDICAL EXAMINER: THE EXECUTENCE CORP. PAGE SHOULD BE FORW. TO FUNERAL DIECTOR: REALTHE STATES OF THE STATES OF		(TYPE OR PRIN	AL) Marc	garita A.	Korell,M.D		_ADDRESS				
	525549	23a.Bl	URIAL, CREMAT	TION, REMOVAL				OR CREMATORY	23d LOCATION			STATE
07/8	14 BP		Burial		1/30/85	Park H	eight	s Cem.	Brunsw	rick, Fre	ederick,	Md.
25M	DHMH - 17	24. FU	UNERAL DIREC	TOR	ADDRE			F	EBO 4 19	AR 256. REGISTRA	R'S SIGNATURE	
	(VR A15 ME (5))	Jo	hn m W	illiam.	Funeral	Home Brun	swick	Md.	EB 0 4 19	85 Julia L	Tavidson Pan	delle

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1 2	-	FOR			DEPARTMEN		F MARYLANI TH AND MEI		GIENE 5	(	)	9 9	5
	1-	STATE REGISTRAR					CERTIFIC		DEATH	REG.	NO		
		CEASED NAME	FIRST		WIDDIE		LAST		Zo. DAT	KNOWN	MONTH	DAY YEAR	2b. HC
J	(TYI	PE OR PRINT)	Tre		Mats	on	C 1-31	ej	OF DEAT	ESTI- H MATED	河 / -	2.8	5 8
	3. SE	( 4. RA	CE !	. DATE OF BIRTH			UNDER 1 YR. II	F UNDER 24			MONTH	DAY YEA	R 2d. HC
ļ		W. 1	V.	12/19/0		7 YRS.		HOURS W	AIN. PRONO	UNCED	Jan	9 10 8	5 64
i	70. B	RTHPLACE (STATE OF	R 1	6. CITIZEN OF WI		11	RRIED NEVE	ED 14 A BRIED	9. BALT	MORE CIT	OR COUN	TY OF DEATH	-
	W	Inknown		TISA			OWED &	DIVORCED	= 1	rede	rick	K	
1		TY OR TOWN OF D	EATH	11. NAME OF HOS	PITAL, NURSING	S HOME, OR C	THER INSTITUTI	ON 1	20 USUAL OCC		TYPE OF WORK	126 KIND OF I	SUSINESS
	1	Frederick					Hospita	7	Pavma		×.	Found	
	USU	AL RESIDENCE (IF IN )	13b. COUNTY	OTHER INSTITUTION, GI	VE RESIDENCE BEFOR	E ADMISSION)	13d. INSIDE CITY		e. STREET ADD			- //-	7/6
		ryland	Frede		Bruns		YES T	NO [	620 -		Avenue	081	11/2
į		ATHER'S NAME				W I C A	15. MOTHER	'S MAIDEN	OL V		a v Chiuc		
ľ		FIRST Unknown		Unknown	LAST	aig	FIR:	nknow:	m 1	MIDDLE Jnknov		Unkn	0.00
i	160.	VAS DECEASED EVE	R IN U.S. ARME	ED FORCES?	166 SOCIALS	ECURITY NO.	17. INFORMA			ADDRE	ss 620		Ave.
	(,	ES, NO, OR UNKNOWN)	(IF YES, GIVE WA	AR OR DATES)	Unkno	1.722	Want.		O D- 4				
	-	18 CAUSE OF DEA	ATH /Fator poly				Hilt	rude.	. Ran	ce -	bruns	wick, N	ATE INTERVA
		gave rise to cause (a) statin lying cause las	ng the <u>under-</u> it.	(c)	AS A CONSEQUE		EASE DR CONDITION G	GIVEN IN PART 1	(0).				
7	CERTIFICATION	19a. DATE OF OPER	RATION	196. CONDIT	ION FOR WHIC	H OPERATION	WAS PERFORM	ED?				2D AUTOPS	V2
	IFIC											YES 🗆	
The second		21a. EXTERNAL CA UNDERLYING CONTRIBUTING		21b. TIME OF HOUR A.M	MONTH DAY	YEAR 21c	HOW INJURY C	CCURRED	ENTER NATURE OF	INJURY IN ITEM	18 PART 1 OR PA		140 (2
	MEDICAL	21d. INJURY OCCU		21e PLACE C	OF INJURY (AT ORY, FARM, ETC.)		STREET		CITY OR	OWN	cou	UNTY	STATI
		22a. I certify the death resulted fro ACTUAL SIGNATURE EXAMINER'S NAM (TYPE OR PRINT)	John J	B. Bell	Accident ,	Suicide [	Hamicid	puty 812	MEDICALEXA FOIL HOT	manner [	DATE SIGNE	In L.	198
	{:	URIAL, CREMATION Specify)		DATE /z /QE			OR CREMATOR	300	23d. LOCATION		cour	ath	STATE
		UNERAL DIRECTOR		7 37 03	ISMIT	nourg (	Cremate	PATE REC	D WALLS	湖海车	GISTRAIRS S	CHATURE .	Md.
	T	NAME	11:0-	ADDRESS	YY Y	D.	JA	M - 1	( MED .	Julia De	widson	Pandalls	*
	711	ohn T. Wi	IIIams	runeral	поше	STATE OF STATE OF	CK MILL					B Thomas	3



STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIEN! - STATE CERTIFICATE OF DEATH REGISTRAR DECEASED NAME 20 DATE OF DEATH LORETTA CRUM PAULTNE AGE (IN YEARS LAST BIRTHDAY) IF UNDER I YEAR DAYS NOV. 12, 1900 AR Caucasian Female 84 TO BIRTHPLACE ISTATE OF FOREIGN THE CITIZEN OF WHAT COUNTRY? 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED Maruland Frederick. U.S.A. DIVORCED | WIDOWED O CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 12a USUAL OCCUPATION 12h, KIND OF BUSINESS OR PE OF WORK FOR MOST OF WORKING LIFE Frederick Memorial Hospital INDUSTRY Frederick None USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION) Frederick Frederick 13d. INSIDE CITY LIMITS? 13e STREET ADDRESS / ZIP CODE Maryland NO [ 232 Wungate Drive 21701 15 MOTHER'S MAIDEN NAME 4 FATHER'S NAME MIDDLE George Walter Alice Clem Fogle ADDRESS In WAS DECEASED EVER IN U.S. ARMED FORCES? 16h SOCIAL SECURITY NO 17 INFORMANT NO OR UNKNOWN) 617 Taney Avenue HEYES GIVE WAR OR DATEST 219-52-1696 Mrs. Easter Kettells Frederick Md 18 CAUSE OF DEATH Enter only one cause per line for fall ib, and c PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (o) Canditions, if any, which gove rise to immediate cause (a), stoting the underlying couse PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL 19s DATE OF OPERATION 20b. IF YES, WERE FINDINGS USED 1% CONDITION FOR WHICH OPERATION WAS PERFORMED 20s. AUTOPSYT IN CERTIFYING CAUSES OF DEATH? 216 TIME OF INJURY THE HOW INJURY OCCURRED (ENTER NATURE OF HURST IN THE REST CORPORT) 21s. ACCIDENT WAS UNDERLING. HOUR AM. MONTH DAY YEAR OR CONTRIBUTING TO CAUSE OF DEATH DESIRVER, NOTIFY MEDICAL EXAMINERS P.M. THE INJURY OCCURRED 711 LOCATION 71e PLACE OF INJURY CITY DE 10WH TAT HOME STREET FACTORS OFFICE RARM ETC.) STATE NOT WHILE E 27s I certify that III (the hospital) attended the 22h SIGNATURE DEGREE 7h: DAI MEDICAL PHYSICIAN K DIRECTOR PHYSICIAN 77e ADDRES

DHMH - 16 60M 7/B4 (VRA 15, 4)

230. BURIAL CREMATION REMOVAL

Burial

1201 N. Market Street 250. DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE 74 FUNGERS DERECTORS Son, PA Frederick, Md. 2170A

1-19-1985

731 NAME OF CEMETERY-OR CREMATORY

Glade Cemeteru

Walkersville, Frederick, Md.



STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIEN

CERTIFICATE OF DEATH

REG NO

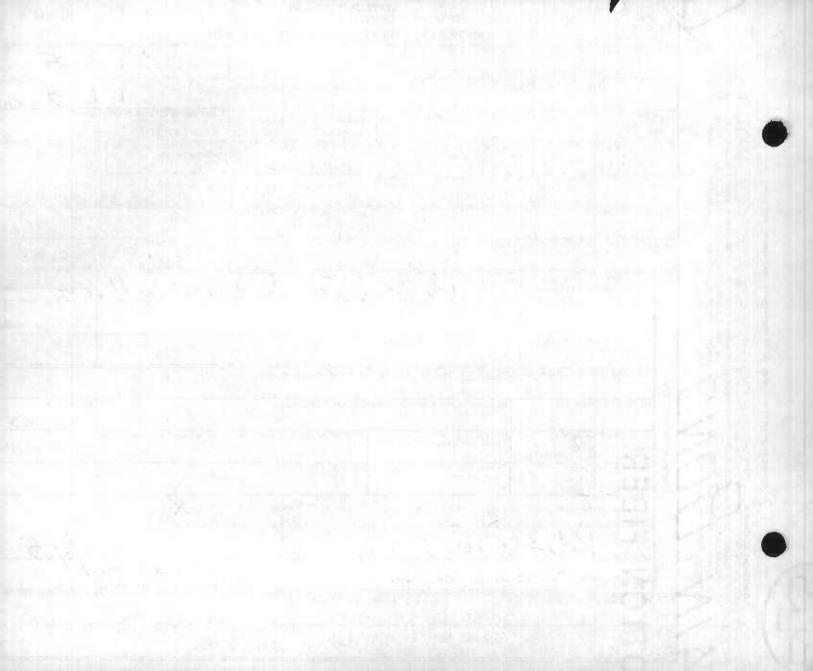
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REGISTRAR

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STATE OF MARYLAND



- 226		1-	FOR STATE REGISTRAR	DEPART	MENT OF HEALTH AND MENTAL HY CERTIFICATE OF DEATH		194/
oy deoth deoth			CEASED NAME PIRST	MIDDLE Lovetta	DENFORD	te. DAIL OF BERTH	S 85 ~ IPM
for, po		3. SE	(	4. RACE	5. DATE OF BIRTH MONTH DAY YEAR	6. AGE (IN YEARS LAST BIRTHDAY)	IF UNDER 1 YEAR IF UNDER 24 HRS
6 / 24			Female	White	March 1, 1910	74 YRS	
# 20 F	20	7a BI	RTHPLACE (STATE OR FOREIGN	76. CITIZEN OF WHAT COUNTRY	MARRIED NEVER MARRIED	9. BALTIMORE CITY OR COUNTY	OF DEATH
funeral arrest inhin 22 hours a	10	-	aryland TY OR TOWN OF DEATH	USA	WIDOWED DIVORCED ING HOME OR OTHER INSTITUTION	Frederick Con	Inty M
ofter the d wife	(1/)	10. C	TO OK TO WIN OF DEATH	(IF NOT IN SUCH FACILITY, GIVE STREET	T ADDRESS)	(TYPE OF WORK FOR MOST OF WORKING LIFE	INDUSTRY
n by e file	50	Br	unswick	Residence - 1 AE OR OTHER INSTITUTION GIVE RESIDENCE BEFO	100 Peach Orchard	Housewife	Homemaker
24 ho filled i ould b	46	130. 5	TATE 136 C	OUNTY 131. CITY OR TO	WN 134. INSIDE CITY LIMITS?	13e. STREET ADDRESS	01716
ithin 2 sely fill 2 shou	51		ryland F	ederick   Brunsw	ick YES NO 1	1100 Peach	orchard Lane
plete	131		FIRST	MIDDLE LAST	FIRST	MIDDLE	LAST
es lo		160.3	William VAS DECEASED EVER IN U.S	Rosel Webb		ADDRECC	Gosnell
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- 2 o 5			No	217-16-	V V	nkoop - Knoxvil	
hysici popel ovol			PART I. DEATH WAS CA	er only one couse per line for (o), (b), o	CARDIAC ARRE	A+0 A	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH  IMMEDIATE
requires that the d en signed by the a r. Then please remo or to buriol, cremati		TION	MYPER.	DUE TO, OR AS A CONSEON  (C)  INT CONDITIONS CONTRIBUTING TO  TON SLOW	DEATH BUT NOT RELATED TO THE TER/		
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AN:	4		210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE O (IF EITHER, NOTIFY MEDICAL EXAM	FOEATH HOUR A.M. MONTH	DAY YEAR 19	RED (ENTER NATURE OF INJURY IN ITEM 18. P	ART 1 OR PART 2]
PHYSICI ending I this cert he buriol ad Mente		WEDICAL	21d. INJURY OCCURRED	218. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE	211 LOCATION	CITY OR TOWN	COUNTY STATE
5 5 5 6 5		2	AT WORK NOT WHILE	THE COME, STREET, FRETONT, OFFICE	1 1-	111-	sta-
hospital or RECTOR: Aff				ospital) attended the deceased from e on	711	death accurred on the date and have	19, tho (1) (we) lo
of OR the house of the DIRE of the Dep	1		22b. SIGNATURE	Magain	DEGREE ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR PHYSICIAN	221. DATE SIGNED
HOS nined FUN Sold b	7		220 PHYSICIAN'S NAME (1	ALCOMO?	270 ADDRESS PUNS	WICK, MD.	21716
5 g 5 4 3 3		23o E	SURIAL, CREMATION, REMO	VAL 236. DATE 23c.	NAME OF CEMETERY OR CREMATORY	234 LOCATION	
						CITY OR TOWN	COUNTY
BP			SPECIFY Burial	1/18/85			Fred.m Md.
BP	B2		SPECIFY	A STATE OF THE PROPERTY OF THE	Reformed Com	Knowy	77

10 W - 11 A STATE OF THE PROPERTY OF THE THE STATE OF THE S

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENI CERTIFICATE OF DEATH

- STATE REGISTRAR REG. NO DECEASED NAME LAST MIDDLE 20 DATE OF DEATH MONTH DAY 26 HOUR TYPE OR PRINTS January 23, 1985 Elizabeth 8:15 Doherty 3. SEX 4 RACE 5 DATE OF BIRTH 6 AGE (IN YEARS LAST BIRTHDAY) IF UNDER 1 YEAR Jan. 2 1896 White Female 89 BIRTHPLACE ISTATE OR FOREIGN 76 CITIZEN OF WHAT COUNTRY? 9 BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED Maryland U.S.A. Frederick County WIDOWED 10. CITY OR TOWN OF DEATH NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 120 USUAL OCCUPATION 12b. KIND OF BUSINESS OR (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS)
Citizens Nursing (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY Prederick Waitress Restaurant USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION) 13e.STREET ADDRESS / ZIP CODE 800 Motter Ave., 21701 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? Maryland Frederick Frederick NO 4 FATHER'S NAME 15 MOTHER'S MAIDEN NAME MIDDLE MIDDLE Martha E11en Harshman Charles Rothenhoefer 160 WAS DECEASED EVER IN U.S. ARMED FORCES 166 SOCIAL SECURITY NO 17 INFORMANT Mrs. Anna V. Robertson (YES, NO OR UNKNOWN) IF YES, GIVE WAR OR DATES! 137-07-5022 111 West Third St., Frederick, Md. 21701 No None APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and ic PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE ID Conditions, if ony, which gove rise to immediate cause (a), stating the DUE TO, OR AS A CONSEQUENCE OF underlying cause last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 CERTIFICATION Mulo DIMIUL 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 20b. IF YES, WERE FINDINGS USED 190 DATE OF OPERATION 20n AUTOPSY? IN CERTIFYING CAUSES OF DEATH? NOTA YES [ NO [ 210 ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER) P.M. 21d. INJURY OCCURRED 21L LOCATION 21e PLACE OF INJURY CITY OR TOWN COUNTY (AT HOME STREET, FACTORY, OFFICE FARM ETC.) NO1 WHILE 220 I certify that (I) (this hospital) attended the deceased from saw the deceased alive on. , and that in (my) (aux) apinion death occurred on the date and have and from the causes stated 226 SIGNATURE DEGREE 22c. DATE SIGNED ATTENDING PHYSICIAN DIRECTOR PHYSICIAN 22d PHYSICIAN'S NAME (TYPE OR PRINT) 22e ADDRESS N. Market Street, Frederick, Md. 21701 Dr. B. O. Thomas, Jr.

23c. NAME OF CEMETERY OR CREMATORY

DHMH - 16 60M 7/84

FOR

Mith, Keeney & Basford Superal Home 106 East Church St., Frederick, Md. 21701 (VRA 15, 4)

236 DATE

Jan, 28, 1985

230 BURIAL, CREMATION, REMOVAL

Burial

Brunswick, Frederick, Md. Park Heights Cemetery 250. DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE

760-N

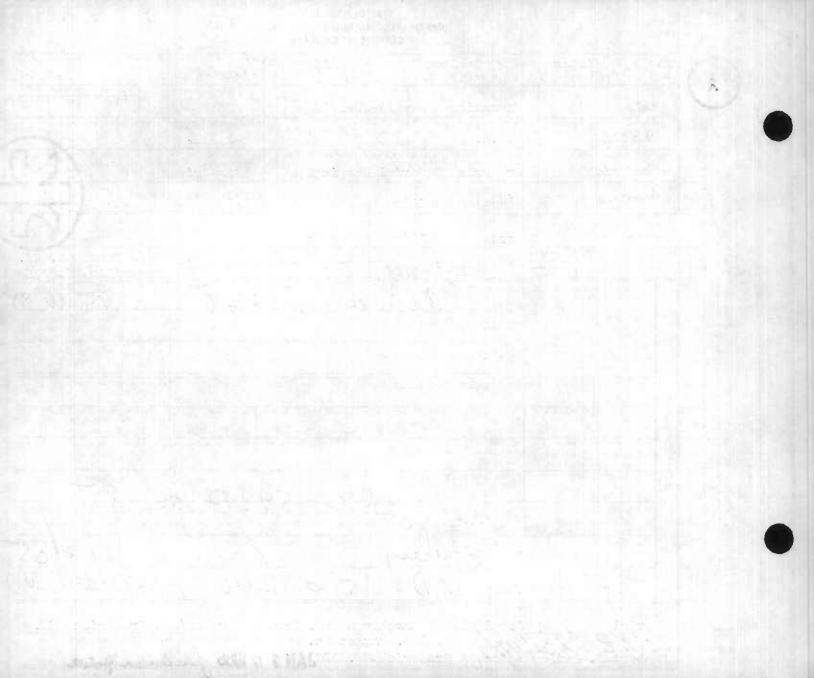
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	3 SEX	14	RACE	5. DATE OF BIRTH	6. AGE (IN		LLISON	TIF UNDER		DATE	MONTH		1985 YEAR	2d HOUI
	Ma		White	March 17	YEAR LAST BIRTH	DAY) MON		HOURS	MIN PRO	NOUNCED	1	25	19 85	7:05
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		andonial		( IF NOT IN SUCH FA	CILITY, GIVE STREET ADDRESS	)			FOR MOST C	OF WORKING LIFE)		OR	INDUSTR	Υ
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	1	FIRST		MIDDLE	LAST		IS. MOTH	ER'S MAID	EN NAME	MIDDLE			AST	
0		Robert VAS DECEASED I	VED IN LL C. AD	E.	Ellison	ITY NO	Alm 17 INFOR	18.	L	ADDRI	Me	Cullo	ough	
		ES, NO, OR UNKNOWN	(IF YES, GIVE	WAR OR DATES)									11 -	
		Yes		ve Duty	266-74-0	(,(8	Sandr	ra D.	Ellison	n (Wife	) Sa	me as		.3•
		18 CAUSE OF I	HWASCALISE	DRV	far (o), (b), and (c).)							BETW	PROXIMATE EEN ONSET	AND DEATH
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		lying coose	iusi.	(c)										
	,	PART 2 DIHER SIGN	FICANT CONDITIONS	CONTRIBUTING TO DEATH	RUT NOT RELATED TO THE TE	RMINAL DISE	ASE OR CONDITIO	IN GIVEN IN P	ART 1 (a).					
	CERTIFICATION	19a. DATE OF O	PERATION	Ties contri	TION FOR WHICH OPE	DATIONI	A/AC DEDECO	ALED?				Lance		
	5	INC. DAIL OF O	EKATION	TVII. CONDI	HOIV FOR WHICH OF	RATION	WASTERTOR	(MED!					UTOPSY?	
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2	10	UNDERLYING	ĭ OR	HOUR A.M	MONTH DAY YE	AR								
ı	2	CONTRIBUTING	CAUSE OF		1-25- 198	5 Dr	iver o	f aut	o/pick	up true	ck co.	llisi	on.	
-	¥				ORY, FARM, ETC.)	211. 0	STREET		CITY	ORTOWN		OUNTY		STATE
j		AT WORK	AT WORK	n r	road	Rt	. 75 &	Wind	dsor Rd.	,Ijams	ville	,Fred	eric	k,Md.
		220 I certify	that I took chore	ge of the remains des	cribed above, held an	Auto	psy X	Inspectio	on . In	QUITY .	and in my	opinion		
1	100	death resulted		ral causes .	1577	vicide		cide .	Undetermin	,	].			
			1011	11/2-	1/A		TITLE (S	SPECIEY)						
		SIGNATURE	Llow	LOUNT/M			Act	ing C	hief	EXAMINER	DAT	E 1-	25-8	5
7	1			1								1.0		
f	1	EXAMINER'S NA (TYPE OR PRINT	)	mas D. Smi	th, M.D.		_ADDRESS_	111	Penn St	., Bal	to., 1	$\frac{1}{2}$	1201	
	23o.B	URIAL, CREMATIC	N, REMOVAL	23b. DATE	23c. NAME OF C	EMETERY		ORY	23d LOCATI	ON		HINTY	64.	16
	1	Burial		Jan/29/85	Arlingte	on Na	tional	L Cem	Arli	ngton.	Arlin	gton.	Vir	ginie
	24. F	UNERAL DIRECTO	OR	, market				25- PAH	REC'D. BY REG	ISTRAR 256 RE	GISTRAR'S	SIGNATU	JRE	
)	Ch		uneral	Home Riv	erdale, Ma	rylar	nd	1 10	0 4 19	35 June	2 David	son-Aa	notess	

Life City and House Co. and the state of t and the constitution of th water to be a second town street also, respieced to the or of the continues of the continue

.Douglas Stauffer, Frederick, MD.

STATE OF MARYLAND

FOR

(VRA 15, 4)



DEPARTMENT OF HEALTH AND MENTAL HYGIENE

FOR

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STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

1		ITATE IEGISTRAR				CERTIF	ICATE OF DEATH	REG.	NO.		
	I DECE	ASED NAME	FIRST		EVEN	Ge	eiger	20 DATE OF DEATH  Janua:		1985	26. HOUR 1:55A
	2. SEX	Male		4 RACE S. White			c. 19 <sup>4</sup> , 1952	6 AGE   IN YEARS LAST	BIRTHDAY) YRS	IF UNDER I YEAR	F UNDER 24 HRS
1	LOU	HPLACE (STATE OR F UNTRY) LEW JETSEY		U.S.	WHAT COUNTRY?	MARRIE WIDOWE	NEVER MARRIED DIVORCED	9 BALTIMORE CITY Freder	MD		
4	Fr	ederick		Frede	rick Memo	orial	Hospital	120 USUAL OCCUPA ITYPE OF WORK FOR MOS Supervise	TOF WORKING	126. KIND C INDUSTRY Manuf	of Business OR acturer
9	Mar	RESIDENCE (IF NURS	13b COUN		13c. CITY OR TOW Freder:	N	13d INSIDE CITY LIMITS?	13 STREET ADDRES	s / ZIP COI kygler	DE Drive	21701
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		S DECEASED EVER	(IF YES GIV	MED FORCES? VE WAR OR DATES) ONC	148-46-9		17 INFORMAMITS. R Freder	ose M. Ger ick, Md. 2			
1	10	PART I. DEATH W	BETWEEN	ONSET AND DEATH							
		Canditions, if ony, gove rise to imm cause (o), stotin underlying cause	nediate g the	(b)	RAS A CONSEQUE	NCE OF	e undit	terente	istell		100
1	STIFICATION 51	DATE OF OPERAT	TION 5	196 CONDI	TION FOR WHICH	OPERATIO	NOT RELATED TO THE TERM IN WAS PERFORMED  Life Limes 2	200 AUTOPSY? YES NO	20b. IF Y	ES, WERE FINDII	NGS USED
7	To Cal	ACCIDENT WAS UND  R CONTRIBUTING CONTRIBUTING CONTRIBUTING CONTRIBUTING CONTRIBUTION CONTRIBUTIO	CAL EXAMINER	HOUR A.	M. MONTH DA	Y YEAR	21¢ HOW INJURY OCCUR	KED (ENTER NATURE OF IN	DURY IN ITEM 18	3 PART I OR PART 2)	
	-	THOSE NOT WHAT NOT WH	RK R	(AT HOME STR	EET, FACTORY OFFICE, FA		STREET	CITY OR	TOWN	COUNTY	STATE
		20. Certify that (1)  sow the decease above, (1) (we) (c) 2b. SIGNATURE		/	Appear		nd that (Gy) (aur) opinion				
1		2d. PHYSICIAN'S NA	Z AME (TYPE C	OR PRINT)	)			MEDICAL ST	AFF ICIAN 🗌	1/2	\$85
		P 67	~	Raus			4 w = 5 (		u Ch	56	
		RIAL, CREMATION, ECIFY) Cremat					emetery or crematory burg Cremator	y Smithsbu	irg, W	lashingt	on, Md.
	24 FUN	eral Director K mith K rederick	eene Md.	% Basf 21701	ord Funer	al He	ome JAN			STRAR'S SIGNAT	
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DHMH - 16 60M 7/84 (VRA 15, 4)

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TO FUNERAL DIRECTOR. After this certificate has been signed by the oftending physicion and compared the informational should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages found a though the first with the State Dept. of Health and Mental Hygiene prior to burial, cremotion, or removal.

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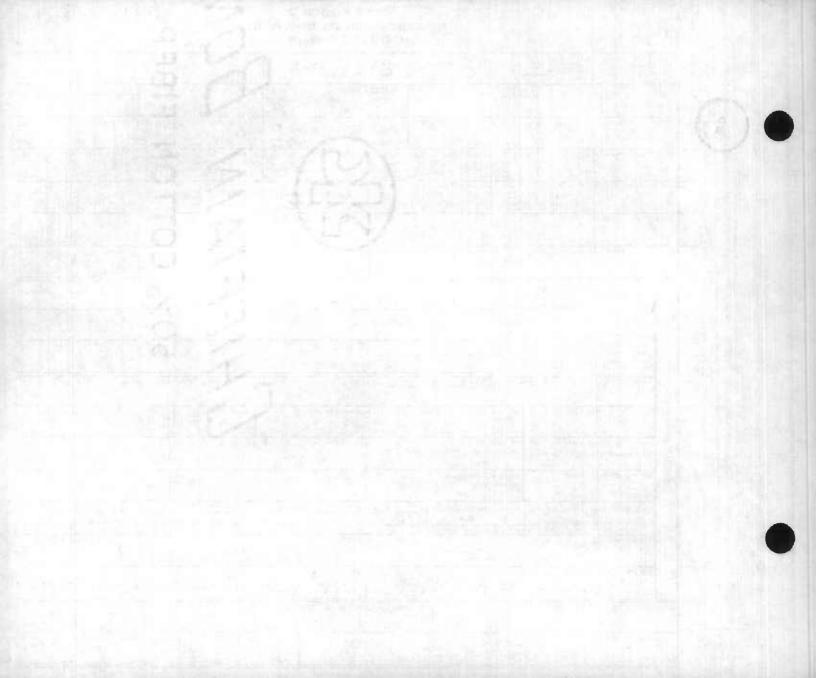
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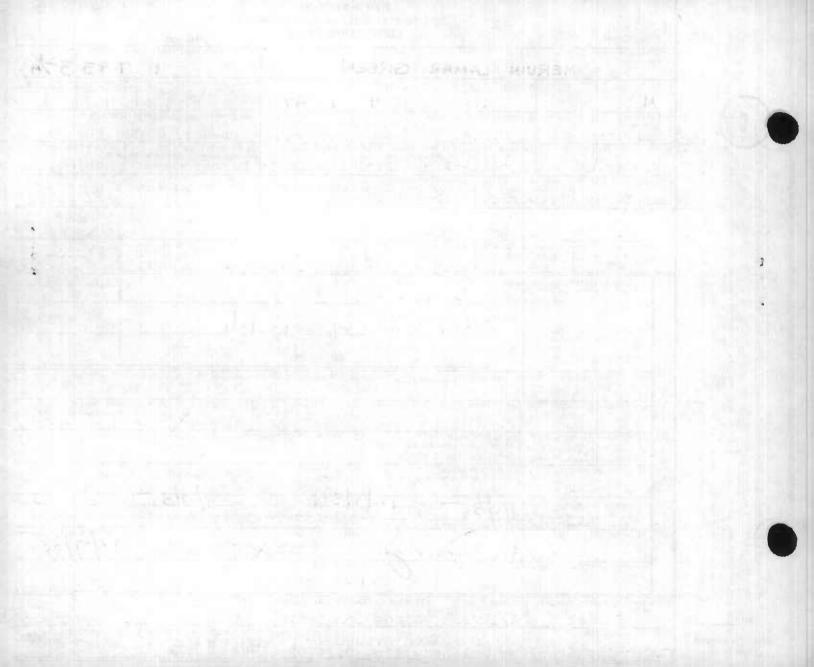
requires that the death certificate be

TO HOSPITAL OR ATTENDING PHYSICIAN. The low retained by the haspital or attending physician.

101						STATI	E OF MARYLAND	8 5	- 0	7	3	ile i
Y	1	FOR			DEPART	MENT OF H	EALTH AND MENTAL HYG	IENE -				
	1 -	STATE REGISTRAR				CERTIF	ICATE OF DEATH	DEC. NO				
	1 DE	CEASED NAME _	FID: T		IDDIE		AST	REG. NO		Y YEAR	Zb. HOU	D
		ORPRINT) LIU	the	c Ot	terbeir	1/1	Gladhill	26 DATE OF DEATH	MOINT.		28. HOU	K
		7	wife	-		01	adh. 11	January	9, 1	985	1009	m qe
	3. SE)	X		4 RACE		S. DATE C	OF BIRTH	6 AGE (IN YEARS LAST BIR	THDAY)	UNDER I YEAR	IF UNDER	-
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1		Male		White		Sept	. 23, 1907	//	YRS			
6		RTHPLACE (STATE OR FO	REIGN	76 CITIZEN OF	VHAT COUNTRY?	A A PRIE	DENEVER MARRIED	9 BALTIMORE CITY O	RCOUNTYC	FDEATH		
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-1		TY OR TOWN OF DEAT	Н				OR OTHER INSTITUTION	120 USUAL OCCUPATI		176 KIND O	OF BUSINE	SS OR
14	*			(IF NOT IN SUC)	FACILITY, GIVE STREET	ADDRESS)	Decade to the second	(TYPE OF WORK FOR MOST O		INDUSTRY	Self	f-
$T_{\perp}$		rederick					al Hospital	Carpente	r	Cons	struc	ctio
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		ryland			Frederi	CV	YES NOXX	6805 Mou	ntain	dale	Rd 1	2170
1		THER'S NAME	TIE	ACTICK	TICACLI	rcv	15. MOTHER'S MAIDEN NA		iii ca zii	aule	100.2	
N	I FA	FIRST		MIDDLE	LAST		FIRST	MIDDLE		1AS	51	
N		Samuel	Je	esse	Gladh	111	Addie	Floren	ice	$Sh\epsilon$	epley	У
1		VAS DECEASED EVER IN			166 SOCIAL SECU	RITY NO	17 INFORMANT	6 0 ADDRE	Mount	aind-	10 1	Dona
	(1	YES NO OR UNKNOWN)	LIF YES, GIV	E WAR OR DATES)	219-03-	1302	Elizabeth	Gladhill	Frodo	atilda	MD i	2170
		No			219-03-	-1332	ETIZabeth	Gradiiri,	rieue		IMATE INTER	
	NC	Conditions, if any, gove rise to imme cause (a), stofing underlying cause  PART 2 OTHER SIGNI	the last.	(c)	AS A CONSEQUI		NOT RELATED TO THE TERM	NNAL DISEASE OR CON	DITION GIVE	N IN PART 1	a	
/	CERTIFICATION	19a DATE OF OPERATE	ON	196 CONDI	TION FOR WHICH	OPERATIO	N WAS PERFORMED	20a AUTOPSY?		WERE FINDIN		
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1	R						Tat Harris and a con-	YES NO	YES		NO [	
0	S	210. ACCIDENT WAS UNDE	_	110110 11	A. MONTH D.	AY YEAR	21¢ HOW INJURY OCCUR	RED (ENTER NATURE OF INJUI	RY IN ITEM 18 PAR	T ( OR PART 2)		
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		AT WORK				,						
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		saw the deceased obove, (I) (we) (die	d alive an	1 ~	19	, ar	nd that in (my) (our) opinion	death occurred on the de	ate and haur	and from the	couses sto	oted
	7	22b. SIGNATURE	a) (a)a no	t) view the body	offer deofn		DEGREE			22c DATE	SIGNED	
70		-	2	1			ATTENDING	MEDICAL STAI	F .			
1			>	-~1	_		PHYSICIAN [	DIRECTOR PHYSIC	IAN 🗌			
		22d PHYSICIAN'S NA	ME (TYPE C	R PRINT)	0010	-	22e ADDRESS		- 1	F 21		. 12.1
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	22- 5	DIDIAL CREMATION S	EMONA	123b. DATE	122	JAME OF C	EMETERY OR CREMATORY	123d LOCATION				
		BURIAL, CREMATION, R	EMOVAL					CITY OF TOWN		COUNTY	5	TATE
		Burial		1/13/	/85 Re	estha	ven Mem.Gai	r. Frederi	.ck,Fr	ederi	LCK,	MD
	24 F	UNERAL DIRECTOR		1621 (	)noggimi	- 01.70	Di 150 250. DAT	E REC'D. BY REGISTRAR	256. REGISTRA	AR'S SIGNAT	TURE	102
84	G	Douglas S	1+211	ffor Fr	possum	IIWOJ MD	21701	AN 1 6 1985	La Salary	W. Hours	No. of Contract	CONT.
	0 .	DOUGLAS C	, uuu.	L 1 L 1 L 1		F / TITT .	22/01		9			



			EASED NAME FIR	ST	MIDDLE		LAST		20 DATE OF	DEATH MONTH	H DAY	YE AR	26 HOUR	
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mo),		3. SEX		4. RA	CE	5.	DATE OF BIRTH	Y YEAR	6. AGE (IN YE	ARS LAST BIRTHDAY)	MON	NDER I YEAR	IF UNDER 24 HOURS	
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6 CAD 4	2/		THPLACE (STATE OR FOREIG	76 CI	TIZEN OF WHAT	COUNTRY? 8.	MARRIED XXNEV	ER MARRIED						
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STATE OF MARYLAND

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STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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STATE OF MARYLAND

Prodorich

Stephen Hawkins
Ttem 13

Cremation 1/25/85 Montriew Mem. Park Baltimore Maryland

Olin L. Molestorti, P. L., Da ascus, M.

REGISTRAR		CERTIFICAT	E OF DEATH	REG. NO.	
ETYPE ON PRINTS	FIRST MIDDLE	LAST	#eflin	O DATE OF DEATH MONTH	DAY YEAR 26. HOUR
MA		sinia Hest	1 10	/	12 85 940H,
Female	Caucher	5. DATE OF BIRT	DAY YEAR	AGE (IN YEARS LAST BIRTHDAY)	IF UNDER 1 YEAR IF UNDER 24 HRS MONTHS DAYS HOURS MIN.
74 BUITHPLACE ISTATE OR FOR		INITDY2 B		BALTIMORE CITY OR COUN	
MARYLAN	A	MARRIED WIDOWED	DIVORCED 🖂	FREDERIC	
HE CITY OR TOWN OF DEATH	H 11. NAME OF HOSPITAL,	NURSING HOME OR OTH	ER INSTITUTION 1	20. USUAL OCCUPATION	176. KIND OF BUSINESS OR
FREDERIC	K CHIZENS	NUPSING	Home	secretary	Trucking Co.
USUAL RESIDENCE (IF NURSING	G HOME OR OTHER INSTITUTION, GIVE RESIDEN 36 COUNTY 136. CITY (		ISIDE CITY LIMITS?	3e.STREET ADDRESS / ZIP CO	
Maryland		swick YES	NO 🗆	420 Petersvil	
14. FATHER'S NAME	WIDDLE	15. M	OTHER'S MAIDEN NAME	WIDDLE	IAST
Joseph		eward	Estelle	Blanche	Stewart
160 WAS DECEASED EVER IN			FORMANT	ADDRESS	
No		16-1837 M	chael D. H	leflin - Bruns	wick Md
18 CAUSE OF DEATH	(Enter anly ane cause per line for ta	, (b), and (5)	7		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
PART I. DEATH WAS	MMEDIATE CAUSE (a)	eral 14	remodes		2day.
	DUE TO, OR AS A CO	NSEQUENCE OF		,	-120as
Conditions, if any, v		beal 17th	m - Schore	1360	sycar
cause (a), stating	the DUE TO, OR AS A CO	NSEQUENCE OF			0
Underlying cause	last. (c)				
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2 I 190 DATE OF OPERATIO	ON TIPE CONDITION FOR	WHICH OPERATION WA			YES, WERE FINDINGS USED
\ <u>E</u>	SIA CONDITION TOK	WHICH OFERATION WA	FERFORMED	IN CER	TIFYING CAUSES OF DEATH?
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OR CONTRIBUTION   CAL		TH DAY YEAR			
(IF EITHER NOTIFY MEDICAL 21d INJURY OCCURRED	D 21e PLACE OF INJURY	21f L	OCATION	CITY OR TOWN	COUNTY STATE
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22s I certify that (I) (II	this hospital) ottended the deceased	from Dec 2	9 1981	to Chan 12	
sow the deceased above, (1) (was also	d olive on 900 111	19 <u>\$5</u> , and that	in (my) ( <del>cos)</del> opinion de	ath accurred an the date and h	our and fram the causes stated
226 SIGNATURE	00 10	DEGRE			224 DATE SIGNED
1 Demi	and C' tumo	+ /no	ATTENDING PHYSICIAN	MEDICAL STAFF	114/85
22d. PHYSICIAN'S NAM	AE (TYPE OR PRINT)	72e	ADDRESS		
	C. Thomas, Jr.	M.D. F	rederick.	Md.	
Bernard	- Caromoro Ca				
23m. BURIAL, CREMATION, RE		23¢ NAME OF CEMETE	RY OR CREMATORY	23d. LOCATION CITY OR TOWN	COUNTY STATE
230 BURIAL, CREMATION, RE			hts Com	Brunswi ok	red., Md.
230. BURIAL, CREMATION, RE (SPECIFY) Burial  24. FUNERAL DIRECTOR NAME	EMOVAL   236. DATE   1/15/85	Park Heig	hts Com	Brunswi ok	red. Md. STATE

STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE



2	1-	FOR STATE 21-10/	DEPARTMENT OF H	E OF MARYLAND EALTH AND MENTAL HY ICATE OF DEATH	GIENE 8 5	0 1 9 6 2
		ASED NAME FIRST	MIDDLE	AST	20. DATE OF DEATH MONTH	DAY YEAR 2b. HOUR
ay be age 3 death	( I A PE	Anthur (	orneliuss !	Licks.	1	7 85 12:40
you poog	3. SEX	14 RACE	5. DATE C	OF BIRTH	6 AGE (IN YEARS LAST BIRTHDAY)	IF UNDER 1 YEAR IF UNDER 24 HRS
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G F P		UNITRY) Md	SIA WIDOWE		Freder1	MD.
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AND 21:	USU A 13a. S	RESIDENCE IF NURSING HOME OR OTHER INSTITUTION TO THE PROPERTY OF THE PROPERTY	ION GIVE RESIDENCE BEFORE AUMISSION)	13d. INSIDE CITY LIMITS?	13e. STREET ADDRESS	1 7th of 140
MARYLA ed within mpletely and 2 sh	14 FA	HER'S NAME FIRST  MIDDLE	10 / SLAST	15 MOTHER'S MAIDEN N	AME PROLESE	D ( LAST
IMORE,	160 W	AS DECEASED EVER IN U.S. ARMED FORCES, NO 09 UNINOWN) (IF YES, GIVE WAR OR DATES	5? 166 SOCIAL SECURITY NO. 317-01-5888	ANNA BE	ADDAESS WENS - SAM	10 AS 13 E
T., BALT  Tificate by physicia in papers smoval.		8 CAUSE OF DEATH (Enter only one couse PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a).	Dilimain	ary Fa	ilure	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
sston s death cer death cer death cer ion, ar re sumotic e			ORAS A CONSEQUENCE OF	Lopect	Jomu/	3 day
W. PRE by the a by the a size remaind, cremother treatments		gave rise to immediate cause (a), stating the underlying cause last.	OR AS A CONSEQUENCE OF	ma of	- lungs	4mos
RDS, 201	NOI	PART 2 OTHER SIGNIFICANT CONDITIONS		NOT RELATED TO THE TER	MINAL DISEASE OR CONDITION	GIVEN IN PART 100
TAL RECOI	CERTIFICATI	90. DATE OF OPERATION 196. CON	NOITION FOR WHICH OPERATION	of Luna		FYES, WERE FINDINGS USED ERTIFYING CAUSES OF DEATH? YES \( \begin{array}{cccccccccccccccccccccccccccccccccccc
of VITA SiCIAN: TI og physicia certificate riol-transit ental Hygie frem 18 sh			E OF INJURY A.M. MONTH DAY YEAR P.M. 19	216 HOW INJURY OCCU	RRED (ENTER NATURE OF INJURY IN ITE	M 18 PART I OR PART 2)
PHYS ending this compared the burned Med Med dor it	MEDICAL	1d. INJURY OCCURRED 21e PLA	CE OF INJURY , STREET, FACTORY, OFFICE, FARM, ETC.)	21f. LOCATION STREET	CITY OR TOWN	COUNTY STATE
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the hosp L DIRECT Hoched f Te Dept. o		obove. (I) (we) (did) (did not) frew the bo		DEGREE ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR   PHYSICIAN	221. DATE SIGNED
TO HOSPITAL eroined by the TO FUNERAL should be det with the Store with the Store WAPORTANT.		MOLLIS HAME STYPE OR PRINT	Ker con	220. ADDRESS	MAINET	Fral- Md
BP	230 8	RIAL, CREMATION, REMOVAL 236 DATE	1-85 PACT	EMETERY OR CREMATORY	23d LOCATION T CITY OR JOWN THE CET IC	FOUNTY / MATE
DHMH - 16 50M 4/82 (VRA 15, 4)	24 [4	VERALDIREGIOR HICKS III A	NNAPOLIS -1	114	N 1 4 1985	GISTRAR'S SIGNATURE

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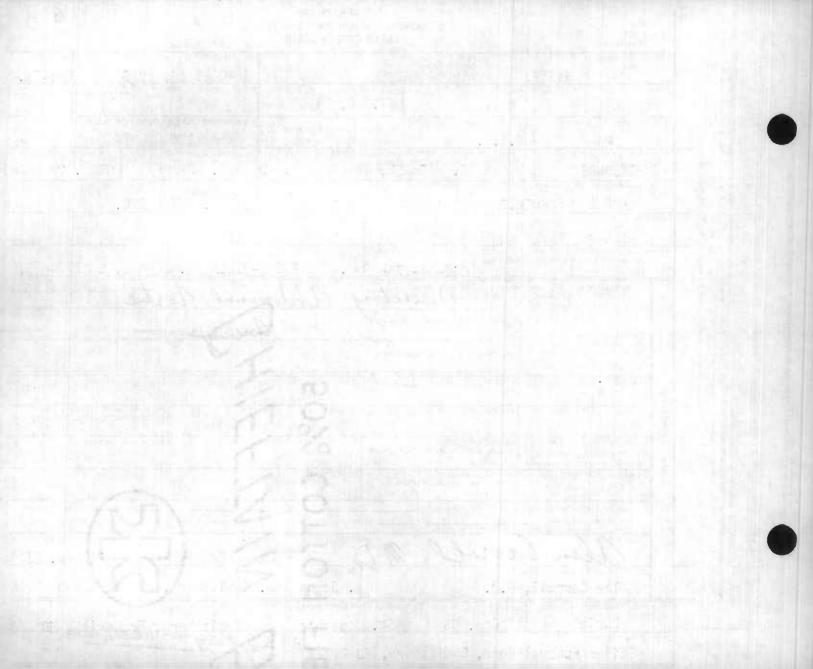
106 East Church St., Frederick, Md.

(VRA 15, 4)

STATE OF MARYLAND

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ector, p	J. SE.	EMALE		4. RACE WHITE			S. DATE C	8, DAY 1900 EAR	a. AGE	84		ONTHS DAYS	HOURS M	_
in 72 hou		RTHPLACE (STATE OR FO	DREIGN	76. CITIZEN OF	WHAT COUR	VTRY?	8. MARRIEI WIDOWE	DI NEVER MARRIED	U L	REDERICK	_			MD.
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s. Pages e medico		VAS DECEASED EVER II (ES, NO OR UNKNOWN) NO		MED FORCES? E WAR OR DATES)	215-5			Sr. JOSEPHIN	NE-VIL	LA ST.N			ITSBURG	
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of a co	E							1.000	YES	- 44	YES		NO 🗌	
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th and A	MED	21d. INJURY OCCURRE	E 🗆		OF INJURY IREET, FACTORY, C	OFFICE, FA	RM, ETC )	STREET		CITY OR TO	)WN	COUNTY	STATE	
CTOR: A lfor use of Heal		220.1 certify that (1) ( sow the deceased above, (1) (we) (di	d alive on			from _19	, or	d that in (my) (our) apinio	on death oc	curred on the d			that (I) (we) couses stated	
e detached Stote Dept.		27b. SIGNATURE	n	Can	rel	,	M. 7		MEDI	CAL STA	FF CIAN []	22c. DATE	SIGNED  Jan. 85	5
should be det with the State		Alan Cai	rroll	, M.D.				S. Seton Ave			g, MD	21727		
v > 7		BURIAL CREMATION, R SPECIFY) Burial	EMOVAL		OF	23c. N		EMETERY OR CREMATOR		CITY OR TOWN		COUNTY	STATE	
3P	24 F	JNERAL DIRECTOR		16 Jar	1. 83	1	St.	Joseph's	ATERECID	mitsbu	OF FILE	ARSSIENA	MD TOKE	—
- 16 50M 4/82 (RA 15, 4)		Skiles Fi	unera	1 Home.	Emm it	Sbu	ra. M	D 21727	- W	0		aplana		



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STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

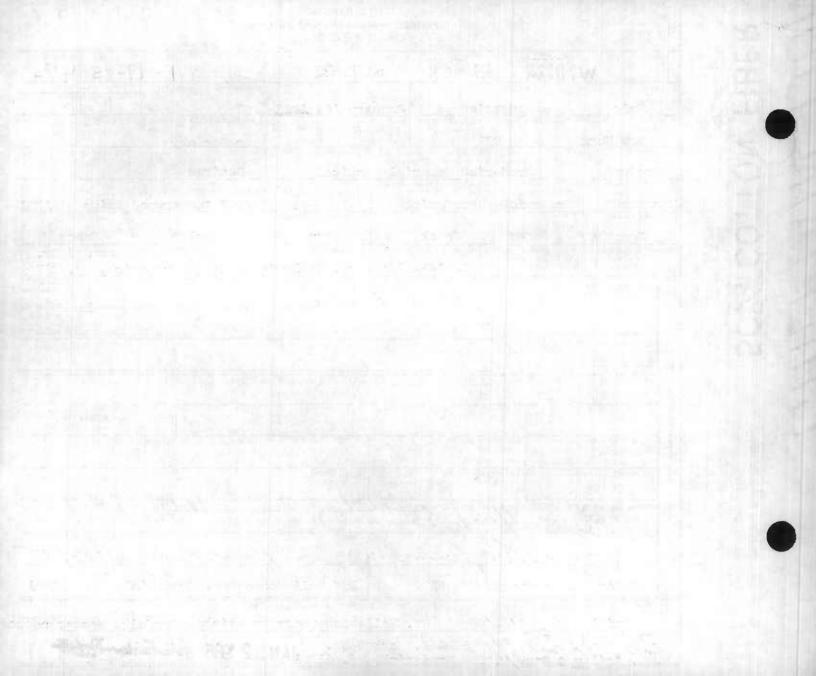
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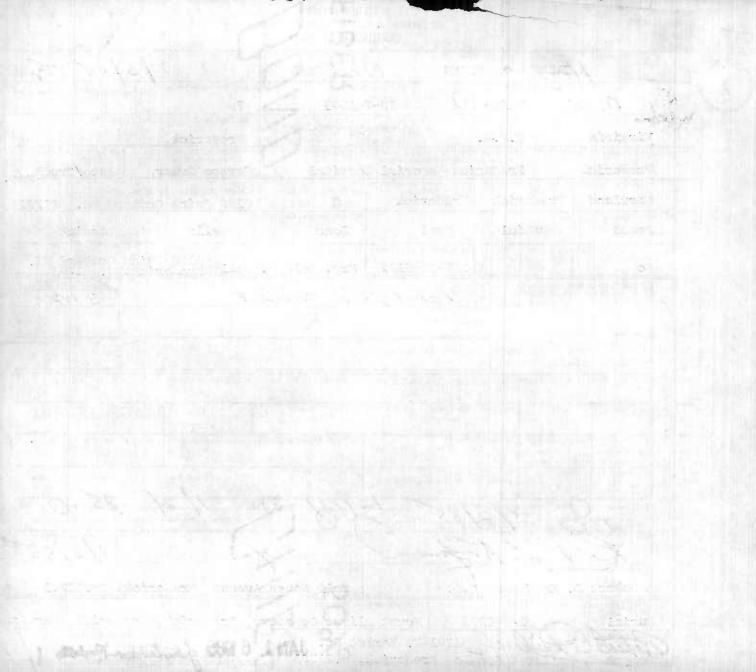
y i		FOR STATE REGISTRAR			MENT OF HI	OF MARYLAND EALTH AND MENTAL HYG ICATE OF DEATH	REG. N		196	
		OR PRINT) Margaret		E •	Le	eidy	January	17,198	year 26 HOUR	
4	3 SE		4 RACE		5. DATE O		6. AGE (IN YEARS LAST BI		IF UNDER LYEAR HE UNDER 24 HRS	
*		Female	White		Apri	.1 12 1929	55	YRS		
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00		rederick	LIE NOT IN SUCH	HEACHITY GIVE STREET	ADDRESSI	Street	126 USUAL OCCUPAT (TYPE OF WORK FOR MOST Homemak	OF WORKING LIFE) IN	26. KIND OF BUSINESS	
36	13a S M8			GIVE RESIDENCE BEFORE		13d. INSIDE CITY LIMITS? YES NO []	13e STREET ADDRESS	ZIP CODE Market	st. 217	
01	14. FA	THER'S NAME George D	WIDDLE	Bitzer		15 MOTHER'S MAIDEN NAME MAINTE	TODLE		ısberg	
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ws ony injury, or off	CERTIFICATION	PART 2 OTHER SIGNIFICANT C				NOT RELATED TO THE TERM	INAL DISEASE OR CON	20b. IF YES, WE	N PART II a  ERE FINDINGS USED 3 CAUSES OF DEATH	
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- / //	7	OR CONTRIBUTING CAUSE OF DEA	1141		19	Contractor of Contractor				
9	MEDICAL CER		21e PLACE C	DE IN HIPY		211 LOCATION				
ō	MEDICA	21d INJURY OCCURRED  WHILE NOT WHILE AT WORK	(AT HOME STRE	EET, FACTORY, OFFICE, FA	ARM, ETC )	STREET	CITY OR TO	OWN	COUNTY STAT	
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orkedor		WHILE AT WORK NOT WHILE AT WORK  22a. I certify that (1) (this haspit saw the deceased alive an above, (1) (we) (did) (did no 22b SIGNATURE	toll ottended the	eet, FACTORY, OFFICE, F.  p deceosed from after death.  FOV Dr.  Shapiyo	4/25 74.00 1	street  19 d that in (my) (our) opinion (	mEDICAL STA	date and hour and	that (I) (we different the courses state 22c. DATE SIGNED	

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TRANSIT TRANSIT TAL HYON			ns, if any, which										7		
NA TAN		couse (a)	e to immediate stating the <u>under-</u>	DUE TO, O	R AS A CON	SEQUENCE O	F	177							
AND WE		lying cause last. (c)													
AL CREMATION, OR REMOVAL.	NO	PART 2 OTHER SIG	GNIFICANT CONDITIONS C	ONTRIBUTING TO DEAT	TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (0).										
-	CERTIFICATION	190 DATE OF	OPERATION	196 CONDITION FOR WHICH OPERATION WAS PERFORMED?								20 A	UTOPSY?		
1	1 H												γ	res 💢	NO 🗆
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0	CAL	CONTRIBUTION	NG CAUSE OF D	EATH P./	м.	19		1							
1 102 I TR	MEDICAL	21d. INJURY O WHILE AT WORK	NOT WHILE C		OF INJURY CTORY, FARM, E		211. LOC ST	CATION		CITY OR I	TOWN		COUNTY		STATE
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Z Z		death resulte	ed fram: Natur	al causes X	Aufigerit)	, Suic		Homicide	Uni	determined	manner [	].			
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P	1	FOR - STATE REGISTRAR		DEPARTA	MENT OF H	E OF MARYLAND EALTH AND MENTAL HYG ICATE OF DEATH	IENE 8 5	01971
	(TYF	E OR PRINT)	AZEN B	WIRNS	1	leaf NEAL	2a. DATE OF DEATH MO	1/3/85 515pm
	3. SE	x Male			5. DATE 0	PERTH YEAR YEAR	6 AGE (IN YEARS LAST BIRTHD)	MONTHS DAYS HOURS MIN.
4 10 83	>	IRTHPLACE (STATE OR FORE COUNTRY) Virginia	U.S.A.	WHAT COUNTRY?	WIDOWE		Frederick,	MD
1164	4	Frederick	Freder	(IF NOT IN SUCH FACILITY, GIVE STREET A Frederick Memor		or other institution  lospital	120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF W  Garage Owne	ORKING LIFE) INDUSTRY
filled in hauld be	130	Maryland 1	HOME OR OTHER INSTITUTION COUNTY Frederick	13c CITY OR TOW Frederic	ADMISSION) N K	13d INSIDE CITY LIMITS? YES 🖔 NO 🗌	-	
ompletely ond 2 sh	14. F	Jame's	Daniel	Neal		15. MOTHER'S MAIDEN NAM	Belle	Rasnick
n ond co		WAS DECEASED EVER IN (YES, NO OR UNKNOWN) (1	U.S. ARMED FORCES? FYES, GIVE WAR OR DATES)	217-32-5		Mrs. Lola B.	Neal Frede	Quinn Orchard Rd. rick Md. 21701 APPROXUMALE INTERVAL BEINGEN GANGEL AND DEATH
physicic andopers emoval.		18 CAUSE OF DEATH (B PART I. DEATH WAS	Enter only one couse per CAUSED BY: MEDIATE CAUSE (o)	line for (a), (b), and	1 , 1	nc. Allo	int	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
quires that the d signed by the of hen please remov to burial, cremativ njury, ar other fra	NO		lost. DUE TO, C	ONTRIBUTING TO I		NOT RELATED TO THE TERM	INAL DISEASE OR CONDIT	ION GIVEN IN PART 11a
he low rendered has been programmer aws ony in	CERTIFICATION	190 DATE OF OPERATION	N 196. COND	ITION FOR WHICH	OPERATIO	N WAS PERFORMED	200 AUTOPSY? 2	Ob. IF YES, WERE FINDINGS USED N CERTIFYING CAUSES OF DEATH? YES NO NO
YSICIAN. The ding physicic scentificate puriol-tronsit Mental Hygic in them 18 sho	2	210. ACCIDENT WAS UNDERLY OR CONTRIBUTING CAUSE (IF EITHER, NOTIFY MEDICALS	SE OF DEATH HOUR A	OF INJURY .M. MONTH DA	AY YEAR	E had stadio	RED (ENTER NATURE OF INJURY IF	HIEM 18 PART I ORPART 2]
DING PHYSI or attending After this control of the burn of the and Me marked or th	MEDICAL	21d. INJURY OCCURRED  WHILE NOT WHILE AT WORK	LAT HOME ST	OF INJURY REET, FACTORY, OFFICE, F	ARM, ETC.	7II LOCATION	CITY OR TOWN	COUNTY STATE
OR ATTENDITION of the hospital or DIRECTOR. All oched for use of Dept. of Health of them 21 is may		22a l certify that (l) th	is hospital) attended the	100	10	nd that ([my] (bur) opinion	deoth occurred on the date	ond hour ond from the causes stoted  22c. DATE SIGNED
TO HOSPITAL O retoined by the TO FUNERAL DI should be detoch with the Store De IMPORTANT: # h	-	22d PHYSICIAN'S NAME	LAMPE OR PRINT	aufman	~	ATTENDING PHYSICIAN 222 ADDRESS	MEDICAL STAFF DIRECTOR   PHYSICIAL	
should with 10 F	22		Kaufmann,		LAME OF C	Toll House	Avenue Fred	erick, Md.21701
BP	730	BURIAL, CREMATION, REA (SPECIFY) Burial	MOVAL 236. DATE 1-5-19				CITY OR TOWN	, Frederick, Maryla
DHMH - 16 50M 4/83 (VRA 15, 4)	25	Robert E. B	Dillert	120dane N .	Mark	25a DAT	E REC'D. BY REGISTRAR 256	REGISTRAR'S SIGNATURE



	1-	FOR STATE REGISTRAR		DEPARTM	ENT OF H	E OF MARYLAND EALTH AND MENTAL HYG ICATE OF DEATH	IENE 8 5	0 !	9 7 2
1.72		CEU2ED HAVIEL	FIRST	WIDDLE	ſ	AST	20. DATE OF DEATH		R 26 HOUR
a 76	3411}	OR PRINT)	alvatore	A.	NIC	COSIA	January 6	, 1985	1:30 %
ê (AA)	3. SE	X	4 RACE		5 DATE C	DAY VEAD	6 AGE (IN YEARS LAST BIRTI		EAR IF UNDER 24 HRS
4 00		Male		White	Dec.	30, 1907	77	YRS.	
of the		RTHPLACE (STATE OR FOR COUNTRY)  COUNTRY)	EIGN 7b. CITIZEN	U.S.A.	MARRIE WIDOWE	D NEVER MARRIED DIO	9 BALTIMORE CITY OF	county of DEATH	
by the fu		TY OR TOWN OF DEATH	708	B Catalpa D	DR OTHER INSTITUTION	120 USUAL OCCUPATION OF WORK FOR MOST OF Dentist	ON 12b KIN FWORKING LIFE) INDUST	D OF BUSINESS OR	
filled in nould be	13a S	Maryland 13	HOME OR OTHER INSTITUTE COUNTY Frederich	15-6				ZIP CODE lpa Drive,	21701
ampletely ond 2 sh	14. F.A	John Tohn	WIDDIE	Nicosia		15. MOTHER'S MAIDEN NA.  Jennie	MIDDLE	Faso	LAST
on and co	léa V	VAS DECEASED EVER IN	U.S. ARMED FORCE	5? 166 SOCIAL SECU 079-32-6		John A. Nicos	ia, Freder	ow Drive	1701
quires that the death certifica signed by the ottending phys hen please remove corbonage to briad, cremation, ar remove jury, or other traumatic event,	NO	18. CAUSE OF DEATH PART I. DEATH WAS IN  Conditions, if ony, v gove rise to immer couse io), stofing underlying couse  PART 2 OTHER SIGNIF	DUE TO  which diote the lost	o, or as a conseque	NCE OF	Vertis and on Ventrales Coray Ary NOT RELATED TO THE TERM	Febrillation To of ender ty Alssen		PROTINGATE INTERVAL  FERN ONSET AND DEATH  FOR AND
on. has been to permit T ene prior to pows ony in	CERTIFICATION	19a. DATE OF OPERATIO	DN 196 CO	NDITION FOR WHICH	OPERATIO	N WAS PERFORMED	200 AUTOPSY? YES NO NO	20b. IF YES, WERE FIN IN CERTIFYING CAU YES	
SICIAN: T ng physici certificate mol-transi ental Hygi	MEDICAL CER	71a, ACCIDENT WAS UNDER OR CONTRIBUTING CAL	JSE OF DEATH HOUR	A.M. MONTH DA	Y YEAR	21c. HOW INJURY OCCURI	RED (ENTER NATURE OF INJUR	Y IN ITEM 18 PART 1 OR PART	2}
offer this as the but though when the bud was the docked or corked	MED	214 INJURY OCCURRED	LI I HOM	CE OF INJURY E STREET, FACTORY, OFFICE, F	ARM, ETC )	21f LOCATION STREET	CITY OR TOV	WN COUNTY	STATE
ATTENDI cospital or ECTOR A ed for use or, of Heal	Sin Property	224.1 certify that (I) (I) sew therefored above (I) we) told 276. SIGNATURE	4 4 4	27/84		that in (im) (aur) opinion	denth occurred on the do		the course stoted  ATE SIGNED
by the hybride by the hybride be detachable be detachable and: if he		22d. PHYSICIAN'S NAM	E TYPE CHANNILL	m	1	The state of the s	MEDICAL STAF		ALC SIGNED
TO HOSPITA etoined by TO FUNER, should be d with the Sto	22	Dr. Rober	t Kaufmann		1445 05 5	804 Toll Ho	use Ave., Fi	rederick,	Md. 21701
BP.		BURIAL, CREMATION, RE SPECIFY Entombment				f Cemetery	CITY OR TOWN	County	STATE V
DHMH - 16 60M 7/84 (VRA 15, 4)	24 FI	uneral director X mitch, Keene 106 East Chi	y and Bas	ford Funer	far.	75a DAT	E REC'D. BY REGISTRAR	Westcheste	

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FOR

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- STATE

(VRA 15, 4)

Alexandria.Va.

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

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2b. HOUR

126 KIND OF BUSINESS OR

BETWEEN CHOSET AND DEATH

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STATE

Alexandria Hosp

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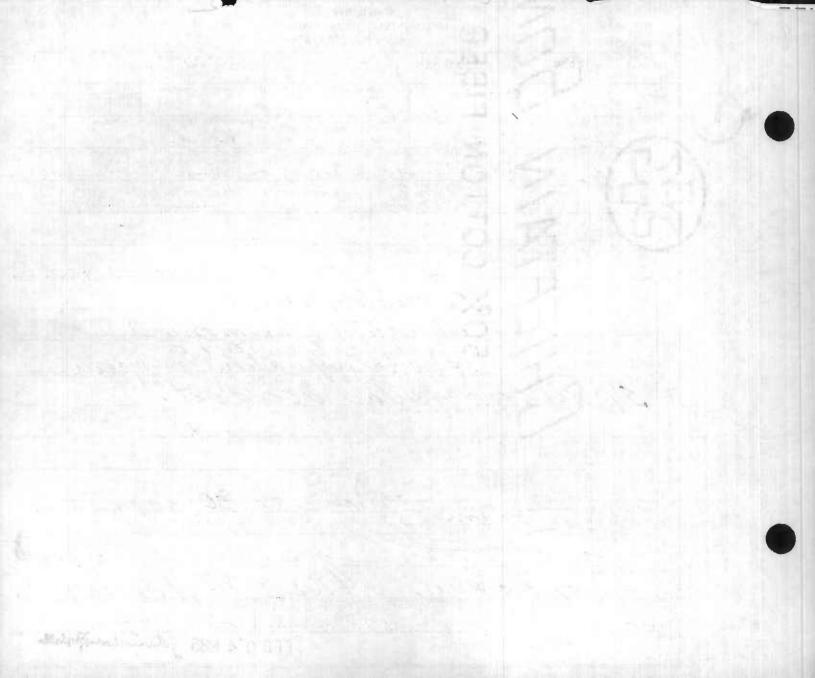
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STATE OF MARYLAND

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FOR

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.

- STATE REGISTRAR DECEASED NAME LAST TO DATE OF DEATH MONTH 26 HOUR (TYPE OR PRINT) 1985 James January 25, 9:35 A Edward 3 SEX 4 RACE 5. DATE OF BIRTH 6 AGE (IN YEARS LAST BIRTHDAY) July 9 1933 White Male 51 TO CITIZEN OF WHAT COUNTRY? 9 BALTIMORE CITY OR COUNTY OF DEATH 8 BIRTHPLACE I STATE OF FOREIGN MARRIED NEVER MARRIED Texas U.S.A. Frederick County CITY OR TOWN OF DEATH NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 126 KIND OF BUSINESS OR TYPE OF WORK FOR MOST OF WORKING LIFE Frederick Memorial Hospital Frederick U.S. Govrn. Geodisist USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION) 13e.STREET ADDRESS / ZIP CODE 417 Biggs Ave., 21701 13c. CITY OR TOWN 13d INSIDE CITY LIMITS? Maryland Frederick Frederick 4 FATHER'S NAME 15 MOTHER'S MAIDEN NAME MIDDLE White Robert Pettey Oma. E. 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 16b SOCIAL SECURITY NO Mrs. Elizabeth Pettey 417 Biggs Ave., 1953-1962 462-46-7607 Yes Frederick, Md. 21701 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c) PART I. DEATH WAS CAUSED BY Cardiac Arrest IMMEDIATE CAUSE (0)\_ DUE TO, OR AS A CONSEQUENCE OF Pulmonary Embolus, suspected Conditions, if ony, which gove rise to immediate cause (a), stating the DUE TO, OR AS A CONSEQUENCE OF underlying couse PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a CERTIFICATION 190 DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NOC 216. TIME OF INJURY 216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART I OR PART 2) 21g. ACCIDENT WAS UNDERLYING HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER) 19 21d INJURY OCCURRED 21e PLACE OF INJURY 211 LOCATION CITY OR TOWN COUNTY AT HOME STREET, FACTORY, OFFICE FARM ETC ) NOT WHILE 22a I certify that (I) (this hospital) attended the deceased from saw the deceased alive on 12/31/04 above. (I) (was all) (did not) view the body after death and that in (my) (our) opinion death occurred on the date and have and from the causes stated 226 SIGNATURE DEGREE 22c. DATE SIGNED ATTENDING MEDICAL Jan. 25, 1985 PHYSICIAN DIRECTOR PHYSICIAN Dr. A/ Majeed, M.D. 4 East Church Street, Frederick, Md. 21701

DHMH - 16 60M 7/84 (VRA 15, 4)

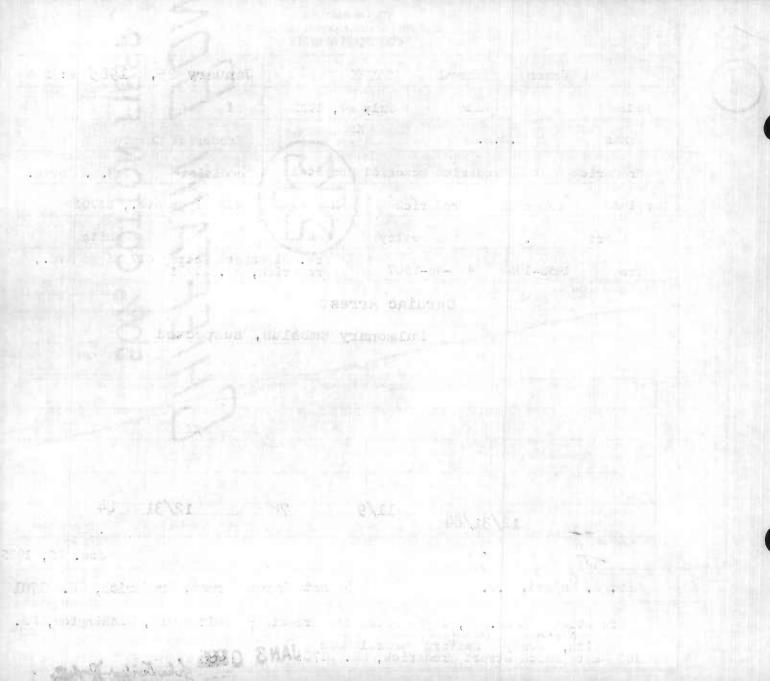
236 BURIAL, CREMATION, REMOVAL

Jan. 26, 1985 Smithsburg Crematory Smithsburg, Washington, "Md. Cremation, Funeral Home 250 DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE

23c. NAME OF CEMETERY OR CREMATORY

gula land

106 East Church Street Frederick, Md. 2170 JAN 3



G. Douglas Stauffer, Frederick, MD. 21701

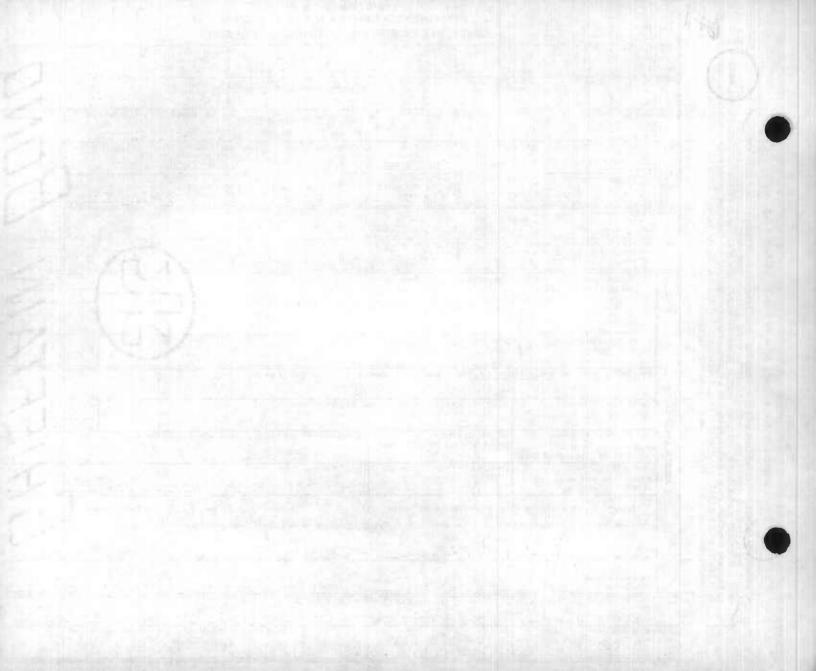
FOR

DHMH - 16 50M 4/82

(VRA 15, 4)

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE Table 1 - Note that the second of the second

STATE OF MARYLAND



	1-	FOR STATE		STATE OF MARYLAND T OF HEALTH AND MENTAL HYG ERTIFICATE OF DEATH	IENE 8 5 0	1978
7-#	1 DEC	REGISTRAR  EASED NAME FIRST EDI	WIDDIE	LAST	REG. NO.  20 DATE OF DEATH MONTH	DAY YEAR 26 HOUR PM
1	3.5EX	FEMALE	WHITE S	DATE OF BIRTH  MONTH DAY YEAR  9 - 5 - 0	6. AGE (IN YEARS LAST BIRTHDAY)  8.3  YRS.	IF UNDER 1 YEAR IF UNDER 24 HRS
62	MI	SSOURT	U.S.A.	MARRIED NEVER MARRIED DIVORCED D	FREDERICK	OF DEATH MD.
64	1	Y OR TOWN OF DEATH EDERICK	11. NAME OF HOSPITAL, NURSING F (IF NOT IN SUCH FACILITY, GIVE STREET ADDR FREDERICK MEMORIA)	RESS)	120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIF RET. NURSE	126. KIND OF BUSINESS OR INDUSTRY MEDICINE
63	Jan. 5	TATE NUMCOUN	NOTHER INSTITUTION, GIVE RESIDENCE BEFORE ADM NTY 134 CITY OR TOWN LOUISE FLORISSAN	P YES NO X	136 STREET ADDRESS / ZIP CODE 200 BRACHLEIGH	
101	/	THER'S NAME PERST  ORGE WASHINGTON	MOORE LAST	15. MOTHER'S MAIDEN NAM ELIZABETH JA	NE EVANS	LAST
13	NO	(AS DECEASED EVER IN U.S. AR	MED FORCES? 166 SOCIAL SECURITY VE WAR OR DATES) 500-18-24		ADDRESS . 278,AA, RT.3,	CALVERT CITY, KY
ere prior to fluriol, cremati des any eljuty, or other to	THEATION	Conditions, if any, which gave rise to immediate cause (a), stating the underlying couse lost.  PART 2 OTHER SIGNIFICANT (1)  15CHEMIC H  19a DATE OF OPERATION	DISEASE  DISEASE  ONDITIONS CONTRIBUTING TO DEA  ONDITIONS CONTRIBUTING TO DEA  ONDITIONS FOR WHICH OPI	IH BUT NOT RELATED TO THE TERM	200 AUTOPSY? 200. IF YES	EN IN PART 110  IBRULATION  WERE FINDINGS USED  SO NO NO
ed or here 18 a	MEDICAL CER	21a, ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE.  [IF EITHER NOTIFY MEDICAL EXAMINET 21d INJURY OCCURRED  NOT WHILE	HOUR A.M. MONTH DAY	YEAR 19 211 LOCATION	ED (ENTER NATURE OF INJURY IN ITEM 18 P	ART : OR PART 2)  COUNTY STATE
21 is mork		saw the deceased alive on	atol) attended the deceased from 1985		to J7N 15.	19, tho (1) we) lost rond from the couses stated
MT. If her		126 SIGNATURE &	Massaro		MEDICAL STAFF DIRECTOR   PHYSICIAN	1-15-85
MPORTA		BRIAN R	MASSARO M.		AS JOHNSON DR.	FREDERICK MD.
_	BU	urial, cremation, removal RTAL Ineral director		MER CEMETERY  ALTERNATION  ALTE	CAPE GERADEAU,	
OM 7/84		es-Pearson fune	ERAL HOMES ARLING	ron, Virginia JAN	EREC'D. BY REGISTRAR 256 REGIST	widnes Randall &

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1	FOR STATE REGISTRAR	DEPARTMENT	STATE OF MARYLAND TOF HEALTH AND MENTAL HYO RTIFICATE OF DEATH	GIENE 8 5	0197
(1	DECEASED NAME FIRST TYPE OR PRINTS TO THE SEX	10)	CODENTSON  CATE OF BIRTH  MONTH  MONTH  CAY  YEAR  VERY  1915	6. AGE (IN YEARS LAST BIRT	MONTHS DAYS HOURS MIN
3	BIRTHPLACE (SATE OR FOREIGN COUNTRY)  Va •  CITY OR TOWN OF DEATH	77 C A	MARRIED NEVER MARRIED DOWED DIVORCED DOME OR OTHER INSTITUTION	9 BALTIMORE CITY OR  120 USUAL OCCUPATIO (TYPE OF WORK FOR MOST OF	Frederick A
35	O STATE	Frederick Memoria E OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADM 13c. CITY OR TOWN Intgomery Bethesda  MIDDLE LAST			ZIP CODE rginia Ave. (2081)
2	WAS DECEASED EVER IN U.S.	ARMED FORCES? 166 SOCIAL SECURITY 230-12-85			Griffith  Frederick Rd.  Airy, Md. 21771
njury, or other traumatic e	Canditions, if any, which gave rise to immediate cause (a), stating the underlying cause last.  PART 2 OTHER SIGNIFICAN		ic (O Fetruct	AINAL DISEASE OR COND	ITION GIVEN IN PART 1101
Sent Gray Inju	190 DATE OF OPERATION	196 CONDITION FOR WHICH OPE	ration was performed	200 AUTOPSY?	20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH?  YES \( \bigcup  \text{NO}  \text{\tiket{\text{\tinit}\text{\tex{\tex
AMEDICAL CERT	OR CONTRIBUTING CAUSE OF  (IF EITHER NOTIFY MEDICAL EXAM  21d INJURY OCCURRED  NOT WHILE AT WORK  220.1 certify that (1) (this he saw the deceased alive	DEATH HOUR A.M. MONTH DAY P.M.  21e PLACE OF INJURY (AT HOME STREET, FACTORY, OFFICE, FARM, I aspital) attended the deceased from	211 LOCATION STREET	CITY OR TOW	
T T	27h, SIGNATUR 22d, PHYSI AM S NAME (IN	PE OR PRINT) ON, Allen J	22e ADDRESS	MEDICAL STAFF	EY AVE.
_ 24	Burial (SPECIFY)  Burial	2/4/185 Par	klawn Cemetery	23d LOCATION CITY OF TOWN  Rockville	
A 7/84	Gartner Sandiso	on F.H. Gaithersbur	amond Ave.	COOF	discharge and the second

rate of the second seco Tidos | the light at the to the same state of the same NO 1924 5 8 7 2 1031 

5	1.	FOR STATE REGISTRAR	DEPARTA	STATE OF M. MENT OF HEALTH CERTIFICATE	AND MENTAL HYG	SIENE 8 5	0	19	8 0
(c)		CEASED NAME FIRST	CIA ANN	PO C.  S. DATE OF BIRTH	US 28	20. DATE OF DEATH	MONTH DAY	85	26 HOUR 1185 PM IF UNDER 24 HRS
ors o		F	W	MONTH 1	DAY YEAR		56 YRS		HOURS MIN
of on 72 hou		RTHPLACE (STATE OR FOREIGN	U.S.A.	WIDOWED	EVER MARRIED DIVORCED	Preder:	lck Cou	inty,	MD.
by the filled with		Frederick	Trederick Men	norial E	ospital	120 USUAL OCCUPAT (TYPE H WORK FOR MOSE HOMEMA)	ON DE WORKING LIFE) CET	12b. KIND OF INDUSTRY	BUSINESS OR
should be	13a	STATE 1136 COU	or other institution give residence sefore into the control of the		SIDE CITY LIMITS?	11930 Gar	zip code ibrill	Rd. 2	21701
and 2 sh and 2 sh examine	14 F/	Joseph	Lasher Lasher		THER'S MAIDEN NA.	enia MIDDLE		Sto	у
Pages 1	(	VAS DECEASED EVER IN U.S. A YES NO OR UNKNOWN) (IF YES G	RMED FORCES? 166 SOCIAL SECU IVE WAR OR GATES) 165-24-	-9601 Rd	George Frede	R. Rocus	2170	30 Gar	mbrill
en signed by the attending physici Then please remove carbonpaper or to burial, cremation, or removal. rinjury, or other traumotic event, th	NOIL	Canditions, if any, which gave rise to immediate cause (a), stating the underlying cause last.  PART 2 OTHER SIGNIFICANT	DUE TO, OR AS A CONSEQUE  (c) BUT TO, OR AS A CONSEQUE  (d) CONDITIONS CONTRIBUTING TO E	ENCE OF HE	INFOR			5 h 2 Hc 2 Hc IN PART 110	3
nsit permit rgiene prin shaws any	CERTIFICATION	190 DATE OF OPERATION	196 CONDITION FOR WHICH	OPERATION WAS	PERFORMED	200 AUTOPSY?	20b. IF YES, W IN CERTIFYIN YES [		
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should be det with the State		S	KAHAN	4	WITH		rede	ich	-mD
		BURIAL, CREMATION, MINISTRAL (SPECIFY) BURIAL	Van 21, 1985 G	randviev	or Cemeter  Cemeter	23d LOCATION CITY OR TOWN TO JOhnst	own Car	ounty nbria	STATE Pa.
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STATE OF MARYLAND

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	1.	FOR STATE REGISTRAR		DEPARTA	MENT OF H	E OF MARYLAND EALTH AND MENTAL HYG ICATE OF DEATH	IENE 8 5	0	1 9 8
		CEASED NAME FIRST	ohn	Paul	P	AST RYAN		MONTH DAY	YEAR 26 HOUR 8:25
	3. SE	×	14 RACE	raul	5. DATE O	OF BIRTH	Jan. 18		UNDER 1 YEAR IF UNDER 24 H
/		Male	Whit	ie	Marc	h 28,1910	74	YRS.	THS DAYS HOURS M
86		RTHPLACE (STATE OR FOREIGN COUNTRY) Maryland		WHAT COUNTRY?	0	D NEVER MARRIED	9 BALTIMORE CITY		
104	_	rederick	11. NAME OF		G HOME (	OR OTHER INSTITUTION	120 USUAL OCCUPAT (TYPE OF WORK FOR MOST OF Farmer	ION	12b. KIND OF BUSINESS INDUSTRY
199	130	ALRESIDENCE (IF NURSING HOME IN 13b, COU	OR OTHER INSTITUTION		ADMISSION)		13e STREET ADDRESS . 7023 Bass		1. 21701
0	114. F/	ATHER'S NAME FIRST  Jesse	MIDDLE	Ryan		15. MOTHER'S MAIDEN NA/ FIRST  Annie	ME MIDDLE B		last <b>Murray</b>
Jico /		VAS DECEASED EVER IN U.S. A	RMED FORCES?	16h SOCIAL SECU	RITY NO.	17 INFORMANT	ADDRI	ESS	-Mariay
a me		YES, NO OR UNKNOWN) (IF YES C		215-32-1	846	Hazel Rya	n, It	tem 13	
injury, ar othe	NO	cause (0), stating the underlying cause lost  PART 2 OTHER SIGNIFICANT	(0)_	ONTRIBUTING TO D		NOT RELATED TO THE TERM	INAL DISEASE OR CON	DITION GIVEN	IN PART 110
ows ony	CERTIFICATION	190 DATE OF OPERATION	196 COND	ITION FOR WHICH	OPERATIO	N WAS PERFORMED	200 AUTOPSY?	20b. IF YES, W IN CERTIFYIN YES	G CAUSES OF DEATH?
tem 18 st		21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF D (IF EITHER NOTIFY MEDICAL EXAMIN		OF INJURY .M. MONTH DA .M.	Y YEAR	21c HOW INJURY OCCURR	ED (ENTER NATURE OF INJU	RY IN ITEM IB PART	ORPART 2)
rked or	MEDICAL	21d INJURY OCCURRED  WHILE NOT WHILE AT WORK	21e PLACE (AT HOME ST	OF INJURY REET FACTORY, OFFICE FA	ARM ETC )	211 LOCATION STREET	CITY OR TO	NWC	COUNTY STATE
0		22a I certify that (1) (this has		ne deceased fram	- C		death occurred on the de	ate and hour an	, that (I) (we)
n 21 is mo		sow the deceased alive a abave, (1) (we) (did) (did r							
VT. If them 21 is more		saw the deceased alive a				DEGREE  ATTENDING PHYSICIAN	MEDICAL STA		224. DATE SIGNED
2 1		sow the deceased alive a abave, (1) (we) (did) (did r	OR PRINT)			DEGREE ATTENDING			
IMPORTANT: If them 21 is most	230. 8	sow the deceased alive a abave. (1) [we) (did) (did of 27h SIGNATURE)  72d PHYSICIAN'S NAME (TYPE	OR PRINT)	after death.	TAME OF C	DEGREE  ATTENDING PHYSICIAN		Fab	

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(VRA 15, 4)

Julia Davidson

STATE OF MARYLAND

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	STATE	OF	MARYL	AND
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DEPARTMENT OF HEALTH AND MENTAL HYGIENE

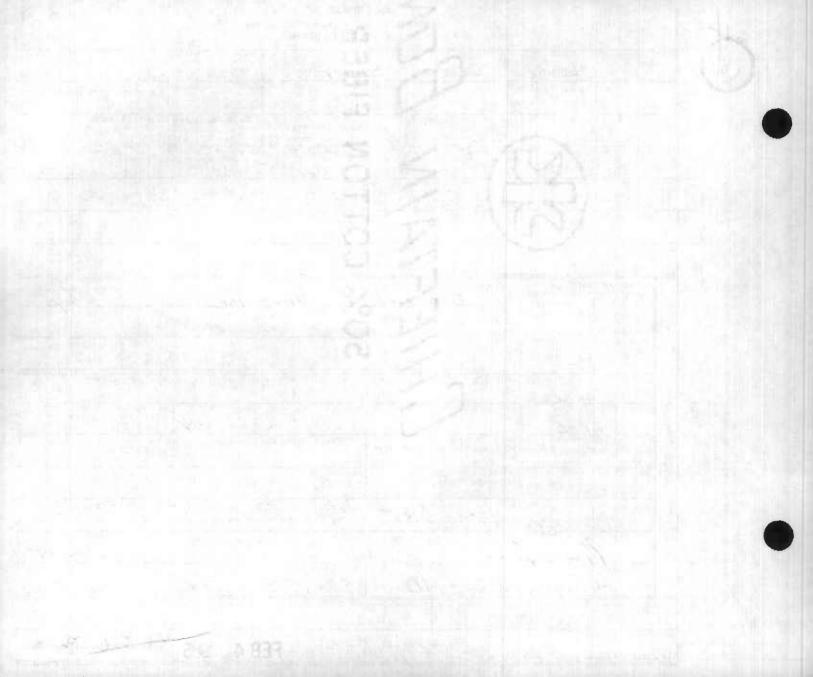
- STATE CERTIFICATE OF DEATH REGISTRAR REG. NO DECEASED NAME 29 DATE OF DEATH MONTH MIDDLE 26 HOUR TYPE OR PRINTI Gene Lonnie January 28, 1985 1:55am 3 SEX 4. RACE 6 AGE (IN YEARS LAST BIRTHDAY) 5. DATE OF BIRTH MONTH 1939 White Oct. 24. 45 Male To BIRTHPLACE ISTATE OR FOREIGN TO CITIZEN OF WHAT COUNTRY? BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED Maryland U.S.A. WIDOWED DIVORCED TO Frederick County, IR CITY OR TOWN OF DEATH NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 12a LISUAL OCCUPATION 126 KIND OF BUSINESS OR (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY Frederick Memorial Hospital Frederick Welder Construction JSUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION) 130. STATE 13e.STREET ADDRESS / ZIP CODE 13d. INSIDE CITY LIMITS? Frederick 122 Rouzer Lane/ 21788 Thurmont Maryland YES K NOF 14 FATHER'S NAME 15 MOTHER'S MAIDEN NAME LAST MIDDLE Stitely William Snurr Lola Luella Charles ADDRESS 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO 17 INFORMANT (YES, NO OR UNKNOWN) HE YES GIVE WAR OR DATEST Water Street Irene J. Matthews, Thurmont, MD. 21788 219-36-4646 No APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DE ATH WAS CAUSED BY DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gave rise to immediate couse (a), stoting the DUE TO, OR AS A CONSEQUENCE OF underlying couse last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 CERTIFICATION 190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 20b. IF YES, WERE FINDINGS USED 20a AUTOPSY? IN CERTIFYING CAUSES OF DEATH? NO' NO I 210. ACCIDENT WAS UNDERLYING 216. TIME OF INJURY 216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM TB PART ) OR PART 23 HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER) P.M. 21d INJURY OCCURRED 211 LOCATION 21e. PLACE OF INJURY CITY OR TOWN COUNTY (AT HOME, STREET, FACTORY OFFICE FARM ETC.) NOT WHILE 220 I certify that (1) (this haspital) attended, the deceased fram. saw the deceased alive on and that in my (our) opinion death occurred on the date and hour and from the causes stated 775 SKINATURE DEGREE 22c. DATE SIGNED MEDICAL ATTENDING PHYSICIAN DIRECTOR PHYSICIAN 27e ADDRESS 230 BURIAL CREMATION REMOVAL 23c NAME OF CEMETERY OR CREMATORY 73b DATE 73d LOCATION (SPECIFY) CITY OF TOWN 1/30/85 Blue Ridge Cemty Thurmont, Frederick, Burial

DHMH - 16 60M 7/84 (VRA 15, 4)

24 FUNERAL DIRECTOR

G.Douglas Stauffer, Thurmont, MD.21788

FOR



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1 - STATE

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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REGISTRAR		CERTIFICATE OF DEATH	REG. N	10.	
1. DECEASED NAME (TYPE OR PRINT)	Bertha BERTHA	STROHS ACKER STROHSMONER	JANUARY	MONTH DAY YE	26 HOUR 7:56 AN
Female '	White White	Sept. 18, 1903	6 AGE (IN YEARS LAST BIR		YEAR IF UNDER 24 HRS
7a BIRTHPLACE (STATE OR FOREIGN COUNTRY)  Germany	76. CITIZEN OF WHAT COUNTRY?	MARRIED NEVER MARRIED WIDOWED DIVORCED	9 BALTIMORE CITY C	ick Co.,	rH MI
Frederick	Frederick Mem	orial Hospital		ON 12b KI INDUS	
USUAL RESIDENCE (IF NURSING DAE OR 130. STATE COUN Maryland art	13c. CITY OR TOV	YES X NO		/ ZIP CODE rridale Bl	vd. 2177
Wilhelm	Holtzwart Holtzwart	15 MOTHER'S MAIDEN NA FIRST Wilhelmi	BIDDIM	unkn	
WAS DECEASED EVER IN U.S. AR (YES NO OR UNKNOWN) IF YES. GIV	MED FORCES? 16b SOCIAL SECT		T. Hughes,	Damascus,	dum Rd.  Md. 2087  PPROXIMATE INTERVAL MEEN ONSET AND DEATH
gove rise to immediate cause (a), stating the underlying cause last		TENSIVE CARDIO -	01,1	DISFASE	
		DEATH BUT NOT RELATED TO THE TERM OPERATION WAS PERFORMED	200 AUTOPSY?	20b. IF YES, WERE F	INDINGS USED
190 DATE OF OPERATION  710 ACCIDENT WAS UNDERLYING CONTRIBUTING CAUSE OF DEA		AY YEAR 21c. HOW INJURY OCCUP	YES NO	IN CERTIFYING CA YES  URY IN ITEM IB PART I OR PA	№ □
THE FITHER NOTIFY MEDICAL EXAMINER  218 INJURY OCCURRED  WHILE NOT WHILE AT WORK	110	19 211 LOCATION	CITY OR TO	OWN COUN	TY STATE
220 I certify that (I) (this hospi saw the deceased alive an above, (I) (me) (did) (did) to	(a) attended the deceased fram	ond that in (my) (of) apinian			n the causes stated
226 SIGNATURE	Smith !		MEDICAL STA		JANUARS &
22d PHYSICIAN'S NAME (TYPE O	Smith, Jr., M.D	270 ADDRESS 804 Toll H	ouse Ave	Frederick.	Md.

231. NAME OF CEMETERY OR CREMATORY

St. John's Lutheran

DHMH - 16 60M 7/84 (VRA 15, 4)

24 FUNERAL DIRECTOR Molesworth, P.A., Damascus, Md.

Jan. 17, 1985

23a BURIAL, CREMATION, REMOVAL (SPECIFY Burial

ATORY 23d LOCATION CHYOR TOWN Bleinheim, Baltimore, Md.

25d DATE REC'D. BY REGISTRAR 25b. REGISTRAR'S SIGNATURE

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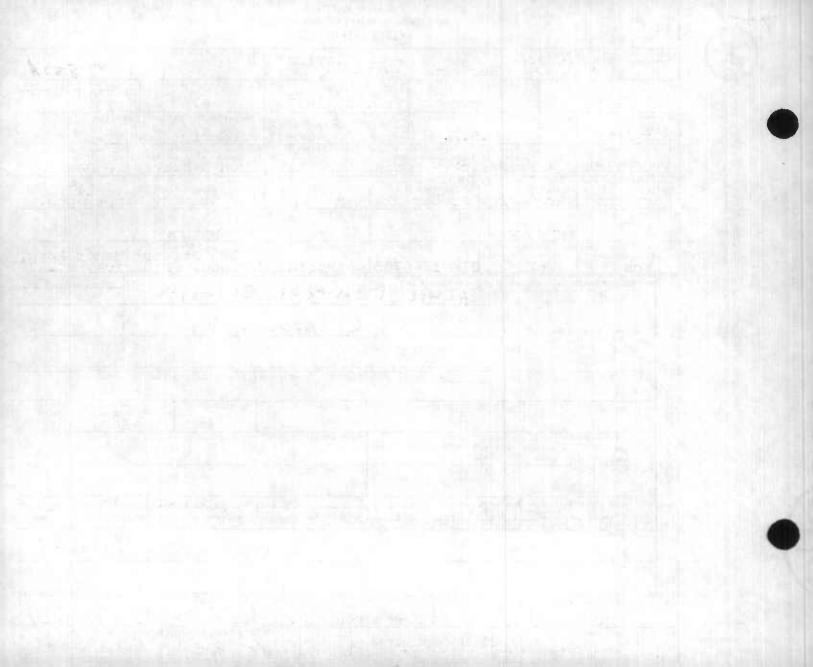
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		1-	FOR STATE REGISTRAR			DEPAR	MENT OF	E OF MARYLAND IEALTH AND MENTAL ICATE OF DEATH	HYGIENI	8 5 REG. NO	O		86
oy be death death		(TYPE	CEASED NAME	enri	e Ha	Chris		STUAR-	7	January	, 14,	1985	26 HOUR //:55 N
10	1	3 SE	Female		4 RACE	White	octor	ber 20, 1907		77	YRS	MONTHS DATS	HOURS MIN.
	135	M	RTHPLACE (STATE OR I			WHAT COUNTRY	WIDOW			BALTIMORE CITY O			м
s offer a by the fi	4	F	ty or town of DEA rederick		Fred	erick Me	et ADDRESS) Morial	or other institution. Hospital		USUAL OCCUPATION OF OF WORK FOR MOST OF WORK FOR WORD FOR WORK	F WORKING LIF		DE BUSINESS OF
124 hours	136	13a. S	AL RESIDENCE (IF NURS STATE ryland	136 COUN	other institution TY ederick	13c. CITY OR TO	WN	13d, INSIDE CITY LIMIT	S? 13°	STREET ADDRESS	ZIP CODE	Terrace	e, 21701
and with	01	14 FA	THER'S NAME	Herbe	AIDDLE ert	Kreh	31	IS MOTHER'S MAIDEN	n		lelson		Cramer
oe estados.	Jan J		VAS DECEASED EVER YES NO OR UNKNOWN)	(IF YES GIVE	WAR OR DATECT	217-48-1		James Stuar		Reston		ja 2209	91
physicia physicia movol.	vent, the		18 CAUSE OF DEAT PART I. DEATH W	AS CAUSED	y one couse per DBY: E CAUSE (b)	-	and ic .1	, Finder	ne				MATE INTERVAL ONSET AND DEATH
s that the death ce ed by the attending please remove carb	or other traumatic		Conditions, if ony, gove rise to improve (o), stating underlying couse	nediate ig the last	DUE TO, O	OR AS A CONSEO	UENCE OF	Obstantive				10	grs).
he law require on. has been sign r permit Then ene prior to bu	Annius Annius sono sono	CERTIFICATION	THE DATE OF OPERA					N WAS PERFORMED		ME AUTOPSY?	20k IF YES IN CERTIF	WERE FINDI	NGS USED
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by the h by the h ERAL DIR	# H	,	224 PHYSICIAN'S N	Ship and a	1/	ags	m	TITE ADDRESS	NO OF ON	MEDICAL STAN	IAN []	11	15/85
TO HOSPITAL retained by the TO FUNERAL should be deto with the State.	IMPORT		Dr. Rob	ert L	. Kaufm	ann, M.I		804 Toll		se Ave., I	reder	ick, Mo	1. 21701
BP			Burial, CREMATION, Cremation	1	(1)	, 1985 S	mithst	emetery or cremato	ory	23d LOCATION CITYOR TOWN Smithsbu			
DHMH - 16 60M ( (VRA 15, 4)		24 FI	Smarch, Ke	eney a	and Bas	ford woun	cral I	lome JAN	23	1985 Julia	Davids		URE

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9		DECEASED NAME TYPE OR PRINT!	15AB2LIA	TRO	DXELL	20. DATE OF DEATH M	SONIH DAY YEAR	
ge 4 may	(A)	SEX F	4. RACE	5. DATE OF BI	IRTH DAY YEAR Z Z	6. AGE (IN YEARS LAST BIRTH	DAY) IF UNDER LYE	
death. Page	nor of nor	BIRTHPLACE (STATE OR FOREIGN COUNTRY) Maryland	76. CITIZEN OF WHAT COUNTRY	MARRIED WIDOWED	NEVER MARRIED KJ	PALTIMORE CITY OR	COUNTY OF DEATH	
D1 s ofter d	led within	FREDERICK	11. NAME OF HOSPITAL, NURSI HE NOT IN SUCH FACILITY, GIVE STREE HEDEFICK MCM I	NG HOME OR O	HOSPITHE	120. USUAL OCCUPATIO (1YPE OF WORK FOR MOST OF Stitch	N 12b. KINE WORKING LIFE) INDUSTI	
ND 2126		SUAL RESIDENCE (IF NURSING HOME CO.) 30. STATE 134 COU	PROTHER INSTITUTION, GIVE RESIDENCE BEFORE INTY 134 CITY OR TON	RE ADMISSION)	I. INSIDE CITY LIMITS?	13e STREET ADDRESS /		
MARYLAND ed within 24	ompletely ond 2 sho	FATHER'S NAME William H	MIDDLE Troxell		MOTHER'S MAIDEN NAM	MIDDLE	Topp	
BALTIMORE, A	Poges 1	WAS DECEASED EVER IN U.S. A		URITY NO. 17.	Robert I. Tr	exell.17311	itsburg MI Annadale F	
: 4	physician papers. maval.	18 CAUSE OF DEATH (Enter of PART I. DEATH WAS CAUS	AS DECEASED EVER IN U.S. ARMED FORCES?  No OR UNKNOWN  NO (IF YES, GIVE WAR OR DATES)  ROBERT I. Troxell, 17311 Annadã  8 CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).)  PART I. DEATH WAS CAUSED BY:  IMMEDIATE CAUSE (a).  CAROLOGIAN C  SHOCK					
PRESTON ST he death certi	rending re carbon an, ar rei	Conditions, if any, which	DUE TO, OR AS A CONSEQU		1		3	
3 5	by the a sse remain cremati	gave rise to immediate cause (a), stating the underlying cause last.	DUE TO, OR AS A CONSEQU	JENCE OF	GART DISE,	158	y.	
RDS, 201	Then ples ta bura njury, ar	PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART						
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N OF VITAL RECORDS, SICIAN: The low requir	E 5 =	OR CONTRIBUTING CAUSE OF D	HIA	OAY YEAR	IL HOW INJURY OCCURR	ED (ENTER NATURE OF INJURY	IN ITEM 18 PART L OR PART	
ON AYS k	buri Mer or h	(IF EITHER, NOTIFY MEDICAL EXAMINI 214 INJURY OCCURRED	21e PLACE OF INJURY		LOCATION	CITY OR TOW	N COUNTY	

6011 12b. KIND OF BUSINESS OR INDUSTRY KING LIFE) Shoe Company Topper sburg, MD 21727 nnadale Rd. APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH N GIVEN IN PART Tra IF YES, WERE FINDINGS USED CERTIFYING CAUSES OF DEATH? YES | NO IT EM IS PART I OR PART 2) COUNTY STATE AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) 22a I certify that (1) (this haspital) attended the deceased fro a (we) last and that in (our) opinion death occurred an the date and haur and from the causes stated DEGREE 22c. DATE SIGNED ATTENDING MEDICAL STAFF DIRECTOR PHYSICIAN 22e ADDRESS 23c NAME OF CEMETERY OR CREMATORY 23d. LOCATION Emmitsburg, Frederic Joseph's

YEAR

IF UNDER I YEAR

2b HOUR 39

IF UNDER 24 HRS HOURS

BP DHMH - 16 50M 4/83 (VRA 15, 4)

should be detached far use as the IMPORTANT: If them 21 is marked

TO FUNERAL DIRECTOR: After

ATTENDING

24 FUNERAL DIRECTOR Skiles Funeral Home, Emmitsburg,

January 85

23b. DATE

NOT WHILE

724. PHYSICIAN'S NAME (TYPE OR PRINT)

sow the deceased alive an above (We) (we) (did not) view the body after death

WHILE

AT WORK

(SPECIFY)

22b. SIGNATURE

230 BURIAL, CREMATION, REMOVAL

Burial

Ayuf ISACIC AKOKIL LYNN H NIGHTSHA THE POOR THE WAS NOT THE THE THE AND EXPERSELY CONTRACTOR THAT EXPERSE CO. 243,075 3 m370 m370 3 1941 2 424 2 M. ATLAN 354354 LM3H 7119H35 I THE STREET OF STREET ME STOLE

		FOR STATE REGISTRAR			MENT OF H	E OF MARYLAND EALTH AND MENTAL HYG ICATE OF DEATH	REG. NO.	0 1 9 9 0
)		ORPRINT) CHAR		OBERT		RNER	20. DATE OF DEATH MONTH	7-85 1245 A
	3 SE		4. RACE			DE BIRTH YEAR	6. AGE (IN YEARS LAST BIRTHDAY)	IF UNDER 1 YEAR IF UNDER 24 HRS MONTHS DAYS HOURS MIN.
	7. DI	Male				h 2, 1918	9 BALTIMORE CITY OR COUNTY OF DEATH	
65	COUNTRY) West Virginia					NEVER MARRIED DIVORCED	Frederick Co	
11		TY OR TOWN OF DEATH	11. NAME OF	11. NAME OF HOSPITAL, NURSING HOM			12a USUAL OCCUPATION  (TYPE OF WORK FOR MOST OF WORKING L	12b. KIND OF BUSINESS OF
04		rederick	Frede	Frederick Memorial Hospi			Trainman	Railroad
26	USUAL RESIDENCE (IF NURSING HOME O 130 STATE 136 COUL		OUNTY	NTY 13c. CITY OR TOWN		13d. INSIDE CITY LIMITS?	13e.STREET ADDRESS / ZIP COD	
11		aryland Fr	rederick	derick Jeffers		YES NO W	3884 Shadywor	od Drive/2175
00		FIRST	MIDDLE	LAST		FIRST	MIDDLE	LAST
1	16a V	Robert VAS DECEASED EVER IN U.:		Turn		Clara 17 INFORMANT	Virginia ADDRESS	Wright
	-{	ES, NO OR UNKNOWN) (IF Y	ES GIVE WAR OR DATES)	225-09-	9267	Constance	M. Turner - Je:	fforman NJ
, , ,		18 CAUSE OF DEATH (Ent. PART I. DEATH WAS C.	rei only one couse per AUSED BY:	lumi for (a), (b), an	1	1.1.		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
any injury, or ather traus	CERTIFICATION	Conditions, if ony, whice gove rise to immediate couse (o1, stating the underlying couse los PART 2 OTHER SIGNIFICATION 19a DATE OF OPERATION	DUE TO, O	V	DEATH BUT	NOT RELATED TO THE TERM	NINAL DISEASE OR CONDITION GI	ES, WERE FINDINGS USED
	ERTIFIC	21a. ACCIDENT WAS UNDERLYIN	21b. TIME C	PF INJURY		21c. HOW INJURY OCCUR		IFYING CAUSES OF DEATH?  YES NO PART 1 OR PART 2)
E 9		OR CONTRIBUTING CAUSE (	OF DEATH	M. MONTH DA	AY YEAR			
I Is marked of I	MEDICAL	21d. INJURY OCCURRED  WHILE NOT WHILE AT WORK	21e PLACE	OF INJURY REET, FACTORY OFFICE, F	ARM, ETC )	211 LOCATION STREET	CITY OR TOWN	COUNTY STATE
		220.1 certify that (1) (imm number) an inded the deceased from 19 , and that in (my) (our) opinion death occurred by the date and hour and from the causes stated option.						
IT: If hem		22b. SIGNATUR	E HAL	alla		DEGREE ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR PHYSICIAN	22c DATE SIGNED
MPORTANT		22d PHYSICURUS HAVE	HALLUS	a		1475 ta	ny que	Frederich
≥	23a. E	URIAL, CREMATION HEME	11 N 12 Y 12 N 12 N 12 N 12 N 12 N 12 N		VAME OF C	EMETERY OR CREMATORY	23d. LOCATION CITY OR TOWN	COUNTY STATE
		Burial	1/20/	/85 S1	t. Ma	rks Cem.	Petersville	Fred Md
7/B4		INERAL DIRECTOR		ADDRESS		UAN	2 3 DOS	STRAK'S SIGNATURE
	00	hn T. Willia	ms Funer	al Home	Bruns	wick, Md.T	June 10	Widon-Honda

CHARLES YESSELF THE ET JA 2 7 4 5

5	FOR T = STATE REGISTRAR		DEPARTMENT OF H	E OF MARYLAND EALTH AND MENTAL H ICATE OF DEATH	YGIENE 8 5	0199			
	1. DECEASED NAME FIR	irice MIDDLE	WA	TERMAN	20 DATE OF DEATH MONT	13 85 26 HOUR			
6	3. SEX Male	4 RACE White	5. DATE C		6 AGE (IN YEARS LAST BIRTHDAY)	IF UNDER LYEAR IF UNDER 2.			
h	70 BIRTHPLACE (STATE OR FOREIGH COUNTRY) England	76 CITIZEN OF WHAT C	OUNTRY? 8	D NEVER MARRIED	Frederic	k County,			
64	Frederick	11. NAME OF HOSPITA  Frederick  Frederick		ROTHER INSTITUTION  1 Hospital	king life) 12b. KIND OF BUSINES				
36	Maryland F	one or other institution give residence county 13a. CIT	PENCE BEFORE ADMISSION) Y OR TOWN derick	13d INSIDE CITY LIMITS?	33 East Second Street				
101	FATHER'S NAME Edward	Wate	rman	15. MOTHER'S MAIDEN NET ELIZAD	eth MIDDLE	Pearson			
l ledge	(IF)		social security no 17 Neormant Grace J. Routzahn, 20 K1 0-10-5347 Bivd: Frederick, Maryland 2170						
event, the	PART I. DEATH WAS C	AUSED BY: EDIATE CAUSE (a)		dion- co	nediac orre	APPROXIMATE INTERV BETWEEN ONSET AND D			
al, cremotion, or r	Conditions, if any, whi gave rise to immedic cause (a), stating t underlying cause la	he DUE TO, OR AS A C	cste		eps15	Gorabion 12			
njury, o	PART 2 OTHER SIGNIFIC	/	TING TO DEATH BUT	NOT RELATED TO THE TE	RMINAL DISEASE OR CONDITIO				

190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 200 AUTOPSY? 206 IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES [ NO [ 216. TIME OF INJURY 210. ACCIDENT WAS UNDERLYING 216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART I OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH P.M. 19 (IF EITHER NOTIFY MEDICAL EXAMINER) 21d INJURY OCCURRED 21e PLACE OF INJURY 211 LOCATION CITY OR TOWN COUNTY STATE (AT HOME, STREET, FACTORY OFFICE FARM ETC ) NOT WHILE 22a I certify that (1) (this haspital) attended the deceased from

SIGNATURE

ATTENDING MEDICAL DIRECTOR | PHYSICIAN 27/ DATE SIGNED

55 LINDER 2.1 HRS

BUSINESS OR

Dr. P. G. Rausch M.D.

22e ADDRESS

DEGREE

4 West 7th St., Frederick, Md.

our) opinion death accurred on the date and hour and from the causes stated

STAFF

Burial

23c NAME OF CEMETERY OR CREMATORY Mt.Olivet

Cemetery Frederick Frederick Md.

DHMH - 16 60M 7/84 (VRA 15, 4)

BP.

nould be detach out the State De

MPORTANT

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CERTIFICAL

Carried Statesoning. and the second of the second second second second second and the deriver are derived as we will so the terminate the second at the second mostact (1) nidedinal City and a township breach. be. P. u. Tausch H.D. = h West 7th at., Frederick, Md. 21701 Jan 15, 1735 Mt. Oliver Consuber; graduate Javille JM 2571, 21 hat Lander St., Process of the Street of the Str

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

THEG. NO.

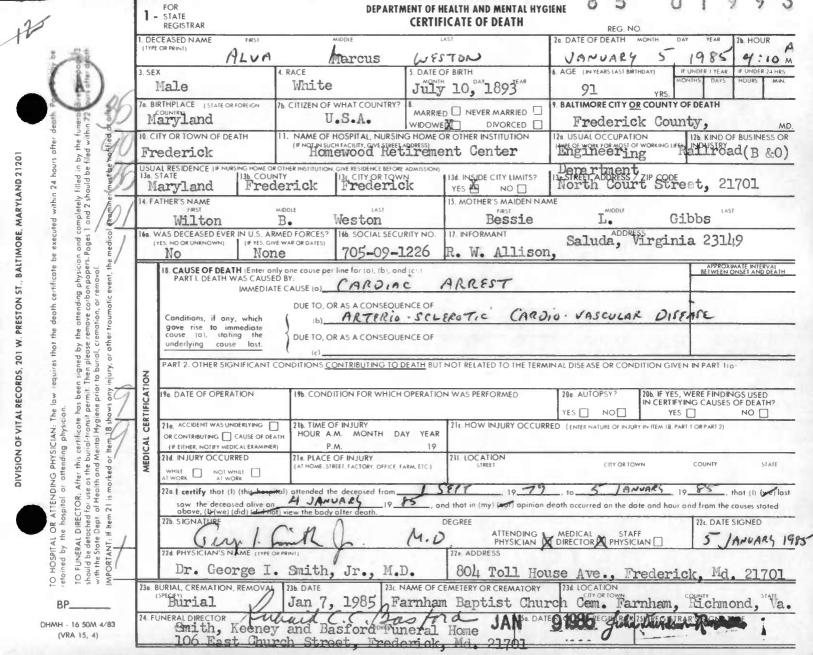
FOR

- STATE

REGISTRAR

DECEASED NAME

TOOK TRANSPORT TOOK The second of the contract of the offer, replace to the second of the second o 1 - Sale January CRE & Line



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DHMH - 16 60M 7 (VRA 15, 4)

Daileu & Son.

	1.	FOR STATE REGISTRAR		DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH  REG. NO.								
			RAH arah				DOD Voca	Januar Januar	y 19 19	1485	0815 M	
	3 SE						ember 3, 1946	6 AGE (INYEARS LAST	-	FUNDER I YEAR	IF UNDER 24 MRS HOURS MIN.	
16	7a. Bi	RTHPLACE (STATE OR COUNTRY)  Maruland	FORE IGN	76 CITIZEN OF WHAT COUNTRY?  USA		MARRIE WIDOW	D NEVER MARRIED DIVORCED	BALTIMORE CITY OR COUNTY OF DEATH  Frederick, MD				
1	10 CITY OR TOWN OF DEATH  Frederick			11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS)  Frederick Memorial Hospital  OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION)			120 USUAL OCCUPATION 12b, KIND OF BUSINESS OR (1YPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY					
2								Data Processing    13e STREET ADDRESS / ZIP CODE				
		aryland ATHER'S NAME	Frede	erick	Frederic	k	YES NO X	5343 Gol	dmine R	oad	21701	
)0		Howard	5.72	Arthur	Stock		Mary	Nao	mi	Mei	rcer	
		VAS DECEASED EVER YES NO OR UNKNOWN) NO		MED FORCES? 166 SOCIAL SECURITY NO. 17 INFORMANT 216-48-6897 Ms. Sandra B				ADDRESS 7617 Old Receiver Rd. urdette Frederick. Md. 21701				
		Conditions, if ony gove rise to imm couse (o), stolin underlying couse	mediate ng the e lost	DUE TO, OR AS A CONSEQUENCE OF  (b)								
2	CERTIFICATION	190 DATE OF OPERA	TION	196 CONDITION FOR WHICH OPERATION WAS PERFORMED				200 AUTOPSY? YES NO		WERE FINDING CAUSES		
9		21a. ACCIDENT WAS UN OR CONTRIBUTING [	CAUSE OF DEA	HOUR A.M. MONTH DAY YEAR			21c HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2)			RT 1 OR PART 2)		
	MEDICAL	21d INJURY OCCUR	MILE	21e PLACE (AT HOME STI	OF INJURY REET FACTORY OFFICE	FARM ETC }	211 LOCATION STREET	CITY OR	TOWN	COUNTY	STATE	
		270   certify that (I) (this hospital) attended the deceased from 1987, to 1987, that (we) lost sow the deceased give an above (II) (we) (ind) did not) view the body attended the deceased from 1987, and that (ind) (our) opinion death occurred on the date and hour and from the couses stated obove (II) (we) (ind) did not) view the body attended to the date and hour and from the couses stated obove (II) (ind) did not) view the body attended to the date and hour and from the couses stated obove (II) (ind) did not) view the body attended to the date and hour and from the couses stated obove (II) (ind) did not) view the body attended to the date and hour and from the couses stated obove (II) (ind) did not) view the body attended to the date and hour and from the couses stated obove (II) (ind) did not) view the body attended to the date and hour and from the couses stated obove (II) (ind) did not) view the body attended to the date and hour and from the couses stated obove (II) (ind) did not) view the body attended to the date and hour and from the couses stated obove (II) (ind) did not) view the body attended to the date and hour and from the couses stated obove (II) (ind) did not) view the body attended to the date and hour and from the couses stated obove (II) (ind) did not) view the body attended to the date and hour and from the couses stated obove (II) (ind) did not) view the body attended to the date and hour and hour and from the couses attended to the date and hour and from the couses attended to the date and hour and from the couses attended to the date and hour and from the couses attended to the date and hour and from the couses attended to the date and hour and										
		P. Grego		27¢ ADDRESS			22e ADDRESS	7th St., Frederick, Maruland				
		BURIAL, CREMATION,		23b. DATE 1/12/8	23c.		EMETERY OR CREMATORY  Vet Cemetery	238 LOCATION CITY OR TOWN		COUNTY	STATE	
/84	24. F	meral mediate	34	/)	1201 N. 1		74.0 20	Frederic E REC'D. BY REGISTRA	AR 256 REGISTR	AR' SIGNAL	Maryland	

Frederick, Md

